

TRIPLE WINS SOLUTIONS



Exam Registration Form (Test Site ID: 57213)

You are now registration for below exam & schedule. To complete your registration, please fill in the information required in English. Do not omit or leave out any fields blank otherwise this form can not be processed right away. Please note that your requested date & schedule are subjected to TWS confirmation. Our administrator will contact you shortly after receipt of your Registration Form.

VUE Candidate ID				
Cisco ID Number				
New Candidate				
Candidate Informat	tion			
First Name				
Last Name				
Company Name				
Address				
(Permanent address to mail all exam-related documents)				
☐ Home ☐ Company				
Telephone Number		Facsimile		
Mobile Number				
Email Address				
	Cert	ification Exam Informa	ition	
Exam Code	Language	Exam Description	Exam Date	Schedule
	Eng		(dd/mm/yy)	9.30 AM
				☐ 1.30 PM
Payment:				
	By Voucher Voucher	· No.	Expiry Date	
	By Cheque (Please ma	ake crossed cheque in favo	ur of "Triple Wins Solution	ns Co., Ltd.")
	By Bank Transfer (Ple	ase transfer to "saving acc	ount" at SCB Central Phu	ket)
Remark:		ip to us to confirm your pay		
•		ays in advance via registe		
		your registration form has		to us successfully.
		s days in advance before y usiness days before your e		
	•	VAT 7% and the payment ms of Identification, both wi		e before sitting for exams a photograph before sitting
Completed by / Authoriz	zed Signature			