**Registration form (re)examination**Intended for exams of the courses of IMK Opleidingen

The candidate below wishes to register for a (re)exam. After receiving this registration, you will receive an email as soon as possible to reserve a place at the desired location, date and time.

|  |  |
| --- | --- |
| Name education: |  |
| Name module: |  |

|  |  |
| --- | --- |
| Name candidate: |  |
| Date of birth: |  |
| E-mail |  |
| Phone number: |  |

There are costs associated with (re)exams. The costs per exam are € 225 excluding VAT and will be charged by Nipex. For cancellation conditions, see article 9 of the examination regulations or [www.Nipex.nl](http://www.Nipex.nl).

The amount must be received in our account before the start of the exam, otherwise participation is not possible, and might be blocked.

|  |  |  |
| --- | --- | --- |
| Preference: | □ My employer pays □ I pay privately | |
| Name bank account holder: |  | |
| E-mail address for invoice: |  | |
| Invoice address: |  | |
| Invoice ZIP-code and City: |  |  |

|  |  |
| --- | --- |
| Name of authorized signatory: |  |
| Job Title: |  |
| City en date |  |
| Original signature: |  |

Only when all fields are filled out, your application will be accepted.

Please return this form to: [info@nipex.nl](mailto:info@nipex.nl)