

A request to change the teacher/enrolling person will incur a fee of \$55 per candidate. The enrolling person cannot be changed retrospectively (once the exam has taken place).

Please return the completed form by email only.

CURRENT ENROLLER DETAILS

I,, (enroller number.....)

request that all further correspondence for the current exam/s for the below candidate/s be forwarded to the new enrolling person.

Signature: Date:

This change of teacher/enroller is applicable to the following candidates:

Candidate name	Candidate number	Subject	Grade

NEW ENROLLER DETAILS

Enroller name: Enroller number:.....

Address:

Suburb: Postcode:.....

Phone/mobile:

Email:

I agree to administer this enrolment and abide by the regulations in the Manual of syllabuses and the policies on the AMEB (NSW) website. I certify that I am at least 18 years of age.

Signature: Date:

PAYMENT DETAILS

I authorise AMEB (NSW) to charge my credit card for \$55 per candidate, being \$.....

Mastercard / VISA (please circle)

Name on card: Signature:

Card number: | | | | Expiry date: ____/____