



Peak Accountancy Training Ltd

Remote Examination Booking Form

Student Name:	
AAT Registration Number:	
Date of Birth:	
Address:	
Town:	
County:	
Post Code:	
Email:	
Telephone:	

Bookkeeping or Accountancy Qualification:	
Level (2 or 3)	
Unit Required:	
Date required:	

This section should only be completed if you are requesting an End Point Assessment exam:

Please tick the relevant box	First Attempt:	Re-sit:
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I wish to be sent a link to pay by card:	
I require an invoice for my employer: <i>(Please note all payments are required within 5 days of your confirmation)</i>	
I am a Peak Apprentice:	

Employer Invoice Details (if required)	
Company:	
Address:	
Town:	
County:	
Post Code:	
Email:	
Telephone:	
PO Number:	

Declaration

I understand that the exam booking fee is non refundable in the event that I am unable to sit my exam on the date specified (signed):	
Date:	