

A**L-Università
ta' Malta****MATSEC
Examinations Board**Tel: +356 2340 2814/5/6
matsec@um.edu.mt**FORM A - Amendments to Personal Details (In BLOCK LETTERS)**

Candidate's Details	
Name	
Surname	
Level	
Index Number	
ID Number	
Tel. / Mob. Number	

Wrong Details	Correct Details

Candidate's Signature **Date**

Guardian's Declaration (if applicable)
<p>I, _____ ID no _____ am legally authorised to register for MATSEC examinations on behalf of this candidate. I am also legally authorised to provide/change any data which MATSEC may require/have, of this candidate.</p> <p>Guardian's Signature: _____ Date: _____</p>

INTERNAL USE ONLY:

Receipt No.		Paid	<input type="checkbox"/>
MATSEC Official's Signature _____		Date: _____	