



PEARSON VUE TESTING CENTRE

EXAM REGISTRATION FORM

INSTRUCTIONS: Kindly complete this form in CAPITAL LETTERS. This form is applicable for one examination only.
Please forward duly completed form to AFRALTI Administrator

PART A: EXAM DETAILS

Vendor Exam Name: _____

Vendor Exam Code: _____

Learning Centre:

AFRALTI :

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Other Centre:

☐

Self Study:

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Date of Exam (Preferred): _____

CSCO Registration ID: _____

Promotion Code *(applicable to CISCO exams only)* _____Academy Connection ID
(applicable to CISCO exams only) _____

PART B: CANDIDATE DETAILS

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

COUNTRY OF ORIGIN: _____

EMPLOYER: *(if applicable)* _____

POSTAL ADDRESS: _____

CITY, COUNTRY _____

EMAIL ADDRESS: _____

TELEPHONE NO:

Mobile 1: _____

Alt Mobile 2: _____

SIGNATURE: _____

Date: _____

EXAM FEE PAYMENT MODE 1. MPESA Pay Bill No. **116126** or 2. Bank Account: Standard Chartered Bank, Westlands Branch A/C No. 010 809 6935 200 (Kenya Shillings), Account Name: African Advanced Level Telecommunications Institute (AFRALTI) or 3. Online via own credit card - Refer to Pearson Vue website: www.pearsonvue.com

NOTE: Please obtain an official receipt from AFRALTI to confirm your payment.
Please verify amount payable with AFRALTI, prior to payment.

PART C: FOR OFFICIAL USE

Exam Fee Payment Via:

Online:

☐

Mpesa

☐

Direct Banking

☐

Cash@AFRALTI

☐

AFRALTI Rct No: _____

Value: _____

Dated: _____

Exam Booking Done By:

Name: _____

Signature: _____

Date: _____