



**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:	

I wish to be sent a link to pay by card:	Y/N
I require an invoice for my employer:	Y/N
I am a Peak Apprentice:	Y/N

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:	