

# Personal Data Correction Request Form

Mr./Ms. _____, Head of the Examination Center of _____ in _____ (country), coordinated by the Institute of _____, hereby declares that, in relation to the candidate's request for data correction, the selected data fields indicated by checkmark(s) are to be updated.	
Client code:	
Exam code:	

PERSONAL INFORMATION (Please complete all fields and mark the information to be corrected)		
Gender (M/F):		<input type="checkbox"/>
Name		<input type="checkbox"/>
Surname		<input type="checkbox"/>
Date of birth (DD/MM/YYYY)		<input type="checkbox"/>
Place of birth		<input type="checkbox"/>
Country of birth		<input type="checkbox"/>
Email		<input type="checkbox"/>

In \_\_\_\_\_, \_\_\_\_\_