

COPE TESTING

COPE Testing Ltd. 7B Pleasant Boulevard, Box 957 Toronto, Ontario, M4T 1K2

COPE TRANSFER FORM

FEE \$30.00

Print out and mail to: COPE Testing Ltd. 7B Pleasant Boulevard, Box 957,
Toronto, Ontario, M4T 1K2 (Note: *this is a mailing address only*)

Family name:	Given names:
Title: (Mr. / Mrs. / Ms. / Dr.)	Gender: (M/F)
Home telephone number (including area code):	
Work telephone number (including area code):	
Date of Birth: / / (YYYY/MM/DD) year / month / day	
E-mail address (if available):	
Street Address:	
Suite:	City:
Province:	Postal Code:
Please note that we will not accept a transfer after the Tuesday preceding the test.	
Old Test Date:	New Test Date:
Registration Number:	
Please send this form with a \$30.00 cheque, money order or credit card details to the mailbox address at the top of this form. You will receive a new receipt for the new test.	
Credit Card details: Expiry date _____ (Month/Year) Amount paid _____	
VISA [] MASTERCARD [] _____ - _____ - _____ - _____	
Name of Cardholder _____ Signature of Cardholder _____	