Application inspection oral exam

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| 1. **Personal specifications of candidate**
 |
| Title  | [ ]  Mr | [ ]  Ms |
| First name |       |
| Last name |       |
| Street / No. (private) |       |
| Postal code / City (private) |       |
| E-mail |       |

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| 1. **Exam specifications**
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| Certification programme | Choose an element |
| Exam provider | Choose an element |
| Exam date | Click or type to enter a date |
| Date receipt exam result | Click or type to enter a date |

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| 1. **Confirmation and signature**
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| With my signature I hereby confirm that the above-mentioned information is correct and that I understand and accept the guidelines for legal remedies. |
| Place, date:     , Click or type to enter a date | Signature: |

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| 1. **Submission**
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| The signed application can be sent via email to banking@saq.ch or by post-mail to:SAQ Swiss Association for QualityRamuzstrasse 15CH-3027 BernYou will receive the invoice of CHF 400.- with the confirmation letter after our receipt of this application.The guidelines for legal remedies can be found on our website <https://www.saq.ch/en/banking-qualifications/> |