

Declaration of Interest

Centre number						Centre name	
Candidate number						Candidate name	
Exam series							

Name	
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Position held at centre (e.g. teacher)	
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Relationship to candidate (e.g. mother)	
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Candidate's subjects

Syllabus code	Syllabus title

Signed (Head of Centre)		Date	
		(DD/MM/YY)	

Name	
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Declarer's signature		Date	
		(DD/MM/YY)	

Name	
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If you submit this form electronically please tick the check box as an alternative to signing the form.

Returning this form

Return this form to info@cambridgeinternational.org Please include your centre number and 'Form 1 Declaration of Interest' in the subject line of your email. Save a copy of the form for your own records. If you are an Associate Centre and work with us through a Cambridge Associate please submit this form directly to your Cambridge Associate.