

## Microsoft Office Specialist (MOS) Exam Enrollment Form Microsoft Office Specialist (MOS) 考試報名表格

Project Code: INP16.1-05-2023 PD-SMTA

身份資料 IDE	ENTIFIC	CATION												
姓名 Name:	中文姓名,in Chi			以身份證明						7文件為準				
处力 Name.	外文姓名,in Port/Eng										i	as stated	l on ID card	
證件編號 ID No.:				證	件類別	ID Ty	pe:	] F	居民證 B	IR _	其他	Other:		
性別 Sex:	月 男				出生日期 Birth date:			1	1		年/月	/⊟ YYY	Y/MM/DD	
流動電話 Mobile:			電子郵件	Email:						(正楷均	真寫 in blo	ock letter)		
請正確填寫電郵均 Please ensure the					rrect and	l vali	d to red	ceiv	e exam o	confirma	ation.			
中學生及大學生,		-	-	School & L										
學校名稱 School Name:  學生證編號 Student ID No.:														
													-	
考試 EXAM										1				
名稱 Title		☐ Word ☐ Excel					PowerPoint Access Outloo				outlook			
版本 Version			Office 2016					Office 2019						
級別 Level						Level	☐ 專業級 Expert Level							
語言 Language	☐ 中文 Chinese						☐ 英文 English							
			2024-01-14			2024-04-28			2024-07-14			2024-10-13		
預約日期	ło.		2024-02-06			2024-05-05			2024-08-11			2024-11-10		
Appointment Date			2024-03-17		2024-06		06-23		2024-09-15		2024-12-15		2-15	
考試時間 Exam	10:00 AM													
考試費用 Exam	Fee			MOP 680										
額外預約日期及	·時間 C	ther Ap	point	ment Da	ite & Tir	ne								
預約日期 Appointment Date 預約時間 Appointment Time														
		Notes												
1. 確認資料將以電 2. 支票須在銀行辦											after the	cheque l	nas been	
cleared by the bank or credit card transaction approved by the card center.														
3. CPTTM保留取消考試或更改考試安排的權利,而不須作事前通知。 CPTTM reserves the right to cancel the exam or alter exam arrangement without prior notice.														
4. 除非是CPTTM取消考試或更改考試安排,已繳費用概不退還。 Fee once paid is non-refundable, unless the exam has been														
cancelled or exam arrangement changed by CPTTM.  5. 請確保所選的考試科目及項目正確無誤,一經繳費後,考生便不能更改所選科目及日期。 Please ensure that you have selected														
the correct subject and items; once payment has been processed, candidates cannot change the subject and items selected.  6. 考生在報名表格所提供的個人資料,只會用作處理報名和考生事務、統計分析及傳遞CPTTM服務資訊的有關事宜。 考生有權查詢														
及更改其個人資料;若需更改,請填妥資料更改申請表(TR/083)交回CPTTM。 Personal data provided by the candidates on the														
enrollment forms are used by CPTTM for purposes related to the processing of enrollment and candidate administration, the compilation of statistical reports and the communication of information about CPTTM services. Candidates have the rights to														
request access to and make correction of their personal data; candidates wishing to amend their personal data should complete the Change Application Form (TR/083) and submit it to CPTTM.														
報考人聲明 Decl					1 1101.									
本人已閱讀並同意上述「注意事項」。 I have read and agreed to accept the "Important Notes" stated above.														
報考人簽名 Candidate's Signature:					日	期	Date:	1	1					



數碼匯點

Cyber-Lab

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以郵寄或傳真方式報名專用	FOR THE USE OF ENROLLMENT BY MAIL/FAX ONLY
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信用卡繳費指示 Credit	Card Payment I	nstruction:						
信用卡類別 Type of Cre	Master Card Visa							
銀行名稱 Bank Name:								
持卡人姓名 Cardholder's	s Name:							
信用卡號碼 Card Number				CV	/C2/CVV2**:			
有效日期 Expiry Date:	i	/	(月/ 年 MM/YY)	•				
簽帳金額 Amount To Be	澳門幣 Me	OP						
持卡人簽名 Cardholder's								
** CVC2/CVV2 是位於信用 CVC2/CVV2 is the last th 此欄由本中心填寫	nree digits of the n	umber listed	in the signa		of the card.			
	支票 Cheque			├ Credit Card	收據編號	Receipt No.:		
☐ MPay ☐	澳門通 Maca	u Pass		別用 Simple Pay	1人3多%而3//1	r tooo,pt r to		
□ 其他Others	X 1/2			, 13 · · · · · · · · · · · · · · · · · ·				
經辦人:					1			
Handled by :								
考試管理員覆核:	備註 Observa	ation:						
Reviewed by Exam								
Administrator:								
證書 Certificate:	沒證書 No certific							
<b>報名地點 ENROLL</b> 總辦事處 Head Office 成衣技術匯點	Rua d Tel: (8 澳門海	二海街 175 gle Xangai, 1 353) 2878 1 魚翁街海洋	175, Ed. A0 1313 Fa Ľ業中心第					
		os Pescadores, Ed. Ind. Ocean, Fase II,10 andar, Macau						

Fax: (853) 2831 2079

Fax: (853) 2837 3085

Rua Comandante Mata Oliveira, Ed. Asso. Ind. 3 andar Macau

Tel: (853) 8898 0701

Tel: (853) 8898 0601

網址 Website: http://www.cpttm.org.mo/qualification

澳門馬統領街廠商會大廈三樓

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