



Adobe Certified Professional (ACP) Exam Enrollment Form

Adobe Certified Professional (ACP) 考試報名表格

TR/081

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

身份資料 IDENTIFICATION

| | | | | |
|--------------|---|----------------------|----------------------------------|------------------------------------|
| 姓名 Name: | 中文姓名, in Chi | 以身份證明文件為準 | | |
| | 外文姓名, in Port/Eng | as stated on ID card | | |
| 證件編號 ID No.: | | 證件類別 ID Type: | <input type="checkbox"/> 居民證 BIR | <input type="checkbox"/> 其他 Other: |
| 性別 Sex: | <input type="checkbox"/> 男M <input type="checkbox"/> 女F | 出生日期 Birth date: | / / 年/月/日 YYYY/MM/DD | |
| 流動電話 Mobile: | | 電子郵件 Email: | (正楷填寫 in block letter) | |

請正確填寫電郵地址以接收考試確認通知。

Please ensure the email address you provide is correct and valid to receive exam confirmation.

中學生及大學生, 請註明 Secondary School & University Students, please indicate:

| | | | |
|-------------------|--|-----------------------|--|
| 學校名稱 School Name: | | 學生證編號 Student ID No.: | |
|-------------------|--|-----------------------|--|

考試 EXAM

| | | | |
|-----------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| 名稱 Title | <input type="checkbox"/> Illustrator | <input type="checkbox"/> Photoshop | <input type="checkbox"/> InDesign |
| 語言 Language (Note 4) | <input type="checkbox"/> 中文 Chinese | | <input type="checkbox"/> 英文 English |
| 預約日期 Appointment Date | <input type="checkbox"/> 2024-01-14 | <input type="checkbox"/> 2024-04-28 | <input type="checkbox"/> 2024-07-14 |
| | <input type="checkbox"/> 2024-02-06 | <input type="checkbox"/> 2024-05-05 | <input type="checkbox"/> 2024-08-11 |
| | <input type="checkbox"/> 2024-03-17 | <input type="checkbox"/> 2024-06-23 | <input type="checkbox"/> 2024-09-15 |
| 考試時間 Exam Time | 10:00 AM | | |
| 考試費用 Exam Fee | MOP 680 | | |

額外預約日期及時間 Other Appointment Date & Time

| | | | |
|-----------------------|--|-----------------------|--|
| 預約日期 Appointment Date | | 預約時間 Appointment Time | |
|-----------------------|--|-----------------------|--|

注意事項 Important Notes :

- 確認資料將以電郵方式通知考生。 Enrollment confirmation will be sent to candidates via email.
- 支票須在銀行過數後/信用卡付款須在信用卡中心批核後, 報名方可作實。 Enrollment is confirmed only after the cheque has been cleared by the bank or credit card transaction approved by the card center.
- 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.
- 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.
- 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.
- 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 Declaration by The Candidate

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: / /



Adobe Certified Professional (ACP) Exam Enrollment Form

Adobe Certified Professional (ACP) 考試報名表格

TR/081

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

以郵寄或傳真方式報名專用 FOR THE USE OF ENROLLMENT BY MAIL/FAX ONLY

| | | | |
|--|--|--------------|--|
| 信用卡繳費指示 Credit Card Payment Instruction: | | | |
| 信用卡類別 Type of Credit Card: | <input type="checkbox"/> Master Card <input type="checkbox"/> Visa | | |
| 銀行名稱 Bank Name: | | | |
| 持卡人姓名 Cardholder's Name: | | | |
| 信用卡號碼 Card Number: | | CVC2/CVV2**: | |
| 有效日期 Expiry Date: | / (月/ 年 MM/YY) | | |
| 簽帳金額 Amount To Be Charged: | 澳門幣 MOP | | |
| 持卡人簽名 Cardholder's Signature: | | | |

** CVC2/CVV2 是位於信用卡背後、簽名方格內號碼的最後三個數字。

CVC2/CVV2 is the last three digits of the number listed in the signature panel on the back of the card.

此欄由本中心填寫 FOR CPTTM USE ONLY

| | | | |
|--|---|---|-------------------|
| <input type="checkbox"/> 現金 Cash | <input type="checkbox"/> 支票 Cheque | <input type="checkbox"/> 信用卡 Credit Card | 收據編號 Receipt No.: |
| <input type="checkbox"/> MPay | <input type="checkbox"/> 澳門通 Macau Pass | <input type="checkbox"/> 聚易用 Simple Pay | |
| <input type="checkbox"/> 其他 Others _____ | | | |
| | | | |
| 經辦人 : Handled by : | | | |
| 考試管理員覆核: Reviewed by Exam Administrator: | 備註 Observation: | | |
| 證書 Certificate: | 編號 No: | 沒證書 No certificate <input type="checkbox"/> | |

報名地點 ENROLLMENT LOCATIONS

| | |
|---|---|
| 總辦事處 Head Office | 澳門上海街 175 號中華總商會大廈七樓 Rua de Xangai, 175, Ed. ACM, 6th Fl., Macau Tel: (853) 2878 1313 Fax: (853) 2878 8233 |
| 成衣技術匯點 House of Apparel Technology | 澳門漁翁街海洋工業中心第二期十樓 Rua dos Pescadores, Ed. Ind. Ocean, Fase II, 10 andar, Macau Tel: (853) 8898 0701 Fax: (853) 2831 2079 |
| 數碼匯點 Cyber-Lab | 澳門馬統領街廠商會大廈三樓 Rua Comandante Mata Oliveira, Ed. Asso. Ind. 3 andar Macau Tel: (853) 8898 0601 Fax: (853) 2837 3085 |
| 網址 Website: http://www.cpttm.org.mo/qualification | 電子郵件 E-mail: vqa@cpttm.org.mo |