



ACT REGISTRATION FORM

PASSPORT			1 a	SURNAME:													
PHOTOGRAPH			1b	FIRST NA									1c	MI:			
				GENDER:			Male		Female					İ	<u> </u>	<u>i</u>	
			3	LOGIN DETAILS:			Username			Password			I				
				DATE OF BIRTH:					i				<u>i</u>	<u>i</u>			
				EMAIL ADDRESS:													
(Hard or digital copy) Attach passport photograph with registration form			6	PHONE NO(S):					7 CONTACT/ MAILING ADDRESS:								
8	8 ANY DISABILITY?			If 'Yes' State		te Disa	Disability Disability										
(Yes/ No)				Accomm			odation required?										
9	CURRENT GRADE LEVEL			8th		9tł	า	10t	h	11	th		12th	Gra	d	Coll	
10	HIGH SCH. AT	HIGH SCH. ATTENDED										(Graduation	Date			
	TEST DATE:			7-8 ary 2025		4-5 April 2025			3-14 June 2025			11-12 July 2025					
	Deadline:		10 January			7 March				16 May			13 June				
11	TEST CENTRE					<u> </u>				<u> </u>							
12	TEST TYPE:			ACT with writing			ACT without w			vriting							
13	SCORE RECIPI																
	i.			(If you	ı are		AGENT ent, kin				letai	ls belo	ow)	i			
1	Name																
2	Phone Number(s)																
3	B Email Address																
				i	i		VNJENIT		D0445			4		i.			

	PATIVIENT	IFORMATION			
Test	COST	Payment information	Account details		
ACT (With writing)	ACT (No writing)	GUARANTY TRUST BANK	Dollar (🗲) Account Number		
•	\$191.50	(GTB) Account Name: GIEVA. Global Int. Edu. Vol. Assoc.	0024597512 Naira (Naira		
(Call a GIEVA ager	nt for Naira rates!)		0024337303		

Note: No refund from GIEVA after payment has been made. A valid International Passport is the only means of identification.