



Application Form

Certificate of European Sommelier

Candidate's Last Name :

First Name :

Address :

City/ Town :

Postal Code :

Fixed phone :

Mobile phone :

Email :

Important

I hereby acknowledge that I have read and understood the Regulation on the « Certificate of European Sommelier (CES° And I accept its conditions.

I am submitting the requested documents (*Application Form, C.V., Copy of employment Certificate, ID photo.*)

I am covering the application fee.

Date

Signature.....

To ensure a smooth registration process, we kindly ask you to submit this Application Form as soon as possible.

Candidacies will be registered daily on a « first-come first-served » basis. The registration process will be closed without any prior notice (when a maximum of 12 candidates is reached).

The filled in Application shall be submitted to :

Responsible person of the CES Commission

Eric BEAU
24, rue Mozart
57100 THIONVILLE
ericbeau@sfr.fr

This section shall be filled in by the Associationn

Received on :