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ACCA CBE EXAMINATION ENTRY FORM

Please read the rules and regulation in the College Prospectus/Website carefully before you complete this form.

Please type or write clearly in **CAPITAL LETTERS**. Completed application forms should be returned to the above address.

SECTION 1: PERSONAL DETAILS

Surname (Mr/Miss/Mrs/Ms): _____

First Name: _____

Address (U.K)

HMC ID. _____

ACCA Reg. No. _____

Date of Birth: _____

Telephone: _____

Email: _____

SECTION 2: COURSE AND EXAMINATION DATE

Subject (in words): _____

Subjects: Tick the appropriate box.

ACCA F1 F2 F3 FIA T01 T02 T03 T04
T05 T06 T07 MFA MMA A.M. 11:00 a.m. P.M. 2:00 p.m. Other _____

Stream

UK INT

Fee per paper

£ 70.00

£ 70.00

Examination date: _____ Day: _____

Please note the full exam fee is payable 5 days before the exam date.

- We may be able to cancel / reschedule the test, if you inform us **Five** days before the exam date.
- Refund of fee is possible if you inform the centre in writing **Five** days before the exam date.
- No refund is possible for no show.

I confirm that the information provide in this form is correct. I have fully read and understood the rules and regulations provided by the College and hereby agree to abide by such rules and regulations.

Applicant's signature: _____ Date: _____

Section for office use:

Examination fee:		Rec no:	
Token download:		ID Checked:	
Result print:		Result uploaded:	