

Examinations Services

REGISTRATION FORM

Exam Board	:		Exams Session	:
Student Name	:		Student No.	:
			Gender	: M F
ID/Passport No.	:		Date of Birth	:
Name of School	:		Location of School	:
Entry Details:				
Title	Code	Description		Fees (US\$)
1				
2				
3				
4				
5				
6				
			TOTAL	
Full Address :	:			
Telephone No. : E-mail :				
How did you find out about this exam?:				
Why are you taking this exam?:				
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Signature of candida	ate :		Date:	
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