

Name in CAPITAL letters (as per identity document)				
Date of birth	IC/Passport Number	Tel	Email	Guardian's Name & Contact Details (mandatory for under-18)
Candidate's Address (for correspondence)				
Name of University / Examination Board:				
Contact person and address of University studying in or applying to:				
Tel	Fax	Email		

Subject	Date	Time

Declaration:

1. I affirm that all details given in this application are true and accurate to the best of my knowledge.
2. I agree that there should be no postponement or refund of examination fees should I decide to withdraw from the examination.
3. I am aware that registration fee paid is not refundable.

Signature of candidate _____

Date _____

<u>For office use only</u>	
Receipt number:	
Date of payment:	
Amount paid:	