

EXAMINATION ENTRY FORM

Before filling in this form, please read it carefully in conjunction with the notes at the back of this form and the guide to examinations.

1. PERSONAL DETAILS

REGISTRATION NUMBER EXAMINATION
(CPA / CAT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)

IDENTITY CARD / PASSPORT NUMBER

ADDRESS	CONTACTS
P.O BOX	Email Address
CITY/TOWN	Mobile Phone
COUNTRY	Telephone

2. EXAMINATION DETAILS

(a) Examination sitting

I wish to enter the examination to be held in the month of Year

(b) Examination entry:

	Foundation Level (CPA) Level 1 (CAT)	Intermediate Level (CPA) Level 2 (CAT)	Advanced Level (CPA)
1			
2			
3			
4			
5			
6			
7			
8			

3. EXAMINATION CENTRE

My preferred examination centre is

(see note 3)

4. PAYMENT DETAILS

I enclose bank deposit slip No for Frw in respect of examination entry fee.

5. DECLARATION BY THE APPLICANT

I hereby certify that to the best of my knowledge all the information I have provided on this form is true and correct and I agree to abide by the Examination Rules and Regulations of iCPAR.

Signature.....Date.....

NOTES:

1. Complete the form in **CAPITAL LETTERS (in black or blue ink)**.
2. (a) Print your names in full in the order on No. 1 of this form.
 (b) Change of name must be supported by a legal document such as Marriage certificate, Affidavit.
3. Your Examination Centre should be chosen from the list provided in the Guide to examinations.
4. Your examination entry form will not be accepted if your annual registration renewal fee is not up to date.
5. A candidate must pass the preceding section or level before proceeding to the next.
6. iCPAR has the right to transfer candidates from a preferred examination centre to another.
7. Where credit is awarded, the candidate will be required to enter for all the remaining paper(s) in a level together in the same examination sitting.
8. Please ensure that your examination entry form is duly completed before payment of fees.
9. Forms which are incomplete or which are not accompanied by the correct fee will be rejected.
10. There are two examination sittings in the months of **June** and **December** every year.

11. iCPAR BANK DETAILS

Bank of Kigali Account Number	00040-0335616-29
Ecobank Account Number	110-04413101-72

FOR OFFICIAL USE ONLY

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Receipt No.....

Amount (Frw).....

Signature.....

Date.....