Professional Accountancy Tutors LLP ACCA - Computer Based Exam

	Stud	ent Appl	ication	Form		
Student Details						
First Name:			Surname:			
Date of Birth: Da	у [] Month	[]	Year [
Phone Number:			_			
ACCA Registration Number:			(7 digits)			
I am hereby applying for agree to pay the releva		_	omputer Ba	sed Exam(s) and	
Subject	Accounting Q		Date	Time	Applicable	
	ACCA	FIA			Fee	
Candidates must arrive at the a photo ID to the invigilator.	e centre at least	15 min before	the examination	on starts and n	nust present	
	Total Amount due: £					
<u>Please note:</u> Payment should be made payable to Profession	•	• •	each examina	tion sitting. Ch	eques should	
The application form and pay	ment should rea	ach us at least 5	working days	s prior to the e	xam date.	
Student's Statement: By signiand regulations and agree to	-	nfirm that I am	aware of the	ACCA examina	tion rules	
Student's Signature:			_	Date:		