

APPLICATION FOR EXEMPTION 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 exemptions. **EXEMPTION REF: NO**

1. PERSONAL DETAILS

REGISTRATION NUMBER **EXAMINATION**
(CPA / CAT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)

(See note 1)

2. EXEMPTION(S)

(a) I wish to apply for exemption from the following paper(s):

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

(See Note 4)

(b) State specific grounds in support of your application for exemptions

(Attach certified copies of certificates/transcripts as per note 3)

3. PAYMENT DETAILS

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

4. 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.

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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(b) of this form.
 (b) Change of name must be supported by a legal document (such as Marriage certificate, Affidavit etc).
3. Notarized copies of the transcripts and certificates should be enclosed. The notarized copies will be retained by iCPAR.
4. Insert level(s) and paper(s) in which you wish to be exempted using the exact titles as given in the Examination Syllabuses/brochures.
5. Please ensure that your application for exemption form is duly completed before payment of fees.
6. Forms which are incomplete or which are not accompanied by the correct fee will be rejected.
7. If exemption is granted, a reference number will be allocated to you. This number must be quoted in all your communications to iCPAR.
8. Exemption(s) will be granted on paper by paper basis and institution by institution basis as appropriate.

9. iCPAR BANK DETAILS

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

FOR OFFICIAL USE ONLY

Receipt No.....

Amount (Frw).....

Signature.....

Date.....