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CCCA EXAMINATION REGISTRATION FORM

1. Name:.....

2. Membership Code:.....

3. Postal Address:.....

4. Telephone Number:.....

5. Email Address:

6. Indicate Courses To Be Registered:

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7. Period of Examination: January [] July []

8. Further Exemption Application

I would like to be exempted from the following papers

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Requirement

Attach Original Copy of Academic Transcript to support the Further Exemption Application

Signature:

Date: