COMPUTER BASED EXAM REGISTRATION FORM
ACCA – From Apr 2014 to Mar 2015

PERSONAL PARTICULARS
Full name: .......................... Date of birth: .......................... ACCA Registration No: ..........................
Contact address: ........................................................................................................................................
Telephone/Mobile: .......................................................... Email: ..........................................................
Currently institute of study: ..........................................................

ACCA CBE REGISTRATION
(Please refer to the CBE timetable for the dates and sessions. Registration for CBE is on a first-come-first-serve basis and will be subject to availability))

<table>
<thead>
<tr>
<th>Paper</th>
<th>Exam date</th>
<th>Session</th>
<th>9.00am – 11.00am</th>
<th>1.30pm – 3.30pm</th>
<th>4.00pm – 6.00pm</th>
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<tbody>
<tr>
<td>ACCA F1</td>
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<td>ACCA F2</td>
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<td>ACCA F3</td>
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ACCA CBE FEE
(CBE fees have been renewed in accordance with ACCA UK’s new fee schedule and quoted in VND at the reference exchange rate of VND35,500/GBP. The paid VND amount will be at the prevailing exchange rate of the payment date. Pls contact FTMS team for further information)

☐ F1, F2 & F3:  VND2,449,500/paper x ...... papers = VND..............

TERMS & CONDITIONS

1. Initial registration with ACCA is the responsibility of the individual students and should be completed at least 20 working days before the CBE dates

2. Students are to comply with the closing date for registration stated on the CBE timetable

3. CBE fees will be forfeited if students fail to be presented on the examination date registered.

4. Once registered, no refund will be granted.

5. National ID with photo must be presented during registration and before CBE exams

I declare that the information given in this form is correct and I hereby agree with FTMS’ Terms and Conditions and make payment for the exam date and session stated above.

Signature and Name: .......................................................... Date: ..........................................................

FTMS USE ONLY

Date submitted Receipt attached Amount Staff initial
................................................. ................................................. ............... .................................................