

This form must be completed by the Approved Centre and returned to the CETOP M. A. at least 2 months before the examination date. Centres will be charged based upon the number of candidates recorded and examination scripts will be sent to the centre accordingly.

## Prescribed Programme/Scheme

Written Examination Date

Name of Organisation

Full Address

Contact Name

Tel No

E-mail

Web Signature

Date

The listed candidates will be sitting the written examination on the above date.

NOTE: This same form will also be used to record PASS or FAIL. From this information CETOP M. A. will send the respective Candidates' Qualification Certificates to the Approved Centres for dispatch.

No	Candidates Name	CETOP M. A. Registration No.	Examination Results P= Passed F= Fail	Competence-based-Units P= Passed	CETOP M. A. official use: Certificate Dispatched/Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					