EXAMINATIONS DEPARTMENT, MINISTRY OF EDUCATION, BRUNEI DARUSSALAM BRUNEI-CAMBRIDGE GCE 'AS' / 'A' LEVEL, OCTOBER/NOVEMBER 2017

FOR OFFICIAL USE

|--|

ENTRY FORM FOR PRIVATE CANDIDATES (Use CAPITAL LETTERS throughout)

| PLEASE ATTACH | CENTRE OF EXAMINATION : BANDAR SERI BEGAV | | | | | | | IAN TUTONG SERIA KI | | | | | | | UALA BELAIT TEMBURONG | | | | | | | |
|---|---|--------|---------------|---------------|--------------|-----------------------------------|--|---------------------------|-----|-----|---------|---------|------|--|-----------------------|--|------------------------|---|--|--|--|--|
| FOLLOWING DOCUMENTS: | CANDIDATE'S NAME (NOT to exceed 60 characters including spaces in between nam | | | | | | | | | | | | | | | | SEX Date of Birth | | | | | |
| | | ed | 60 cha | tween names) | | | | | | M/F | D | М | Y | | | | | | | | | |
| Copy of GCE 'O'/'AS'/'A' LEVEL Certificate or any equivalent certificate. | | | | | | | | + | | | | | | | | | _ | | | | | |
| 2. Copy of School Leaving Certificate | | | | | | | | | | | | | | | | | | | | | | |
| | PREVIO | US ENT | RY | | | SYLLABUS DETAIL (Subject offered) | | | | | | | | | | | | | | | | |
| Approval / Chop of Employer or Head of Department (For | EXAMINATION CENTRE JUNE/NOVEMBER NO | | CANDIDA NO | TE | - | ABUS DDE | | | | | | | | | | | | | | | | |
| Candidates who are working) | June 2017 BN Nov 2016 BN | | | Subject Nam | | t Name | | | | | | | | | | | | | | | | |
| 4. Copy of Identity Card (I.C) | NUMBER OF CREDIT | | | Optio | n Code | | | | | | | | | | | | | | | | | |
| Form which are incomplete with the above documents WILL NOT BE ACCEPTED / PROCESSED | CANDIDATE'S FULL NAME AND MAILING ADDRESS MR/MRS/MISS: I.C.No: | | | | | | | | | | | | | | | | | | | | | |
| <u>TIME OF PAYMENT</u> Monday to Thursday | ADDRESS : | | | | | | | | | | | | | | | | | | | | | |
| 8.00 am to 11.00 am and 1.30 pm to 3.00 pm | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | TEL NO : (HOME) (MOBILE) (OFFICE) | | | | | | | | | | CHOOL/E | WFLOTER | CHOP | | | | | | | | | |
| 8.00 am to 10.00 am | EMAIL: | | | | | _ | | | | | | | | | | | | | | | | |
| REGISTRATION CLOSING DATE 1 JUNE 2017 | Signature of Applicant | | | | | | | Date | | | | | | | | | | Signature of Principal / Head of Department / Section / Employer Date: | | | | |
| PAYMENT RECEIVED (FOR OFFICIAL USE) | EXAMINATION FEES (FOR OFFICIAL USE) | | | | | | | CERTIFIED BY EXAM OFFICER | | | | | | | | | EXAM OFFICER'S COMMENT | | | | | |
| Receipt No: | ENTRY FEE | | | | \$ | 40.00 | | Signature : | | | | | | | | | | | | | | |
| Total : | LOCAL FEE | | | | \$ | 20.00 | | Code : | | | | | | | | | | | | | | |
| Date : | SUBJECT FEE '/ SUBJECT FEE '/ | | | |) \$) \$ | | | Date | e : | | | | | | | | | | | | | |
| Signaturo : | PRACTICAL FEE | E (| \$40.00 X | |) \$ | | | | | | | | | | | | | | | | | |
| Signature : | Т | OTAL | | | \$ | | | | | | | | | | | | | | | | | |