

EXEMPTION FORM



PERSONAL DETAILS

FULL NAME : Mr/Ms	Membership No:
TYPE OF DIPLOMA	
ADDRESS:	SUBJECT TO BE EXEMPTED
CONTACT TELEPHONE/CELL:	1.
	2.
E.MAIL ADDRESS:	3.
	4.
	5.
	6.
	7.

**Certified copies of certificates must accompany this application.
PLEASE SUPPLY TRANSCRIPTS AND SYLLABI FOR THE QUALIFICATIONS IN THE
SUBJECTS BEING APPLIED FOR.**

QUALIFICATION	PASS MARK	SYMBO
1.		
2.		
3.		
4.		
5.		
6.		
7.		

I enclose payment of ZWL430 or US\$5.00 Application Processing Fees

EACH SUBJECT EXEMPTED WILL ATTRACT AN EXEMPTION FEE WHICH WILL BE ADVISED.

Signature _____ Date _____

Office Use Only

SUBJECT	ACCEPTED	DENIED	REMARKS
1.			
2.			
3.			
4.			
5.			
6.			
7.			

EXEMPTION FORM



Signature _____ Date _____
Chairperson of Exemptions Committee.

Signature _____ Date _____
HR and Programmes Development Manager

PAYMENT RECORD

Paid Sum of \$ _____ in words (_____)

For _____ subjects exempted

Date _____ Receipt Number _____

Received by _____ Signature _____