

## ACCA Qualification exemption waiver declaration

ACCA registration number		
ACCA Exchange/Approved partner code	e	
Student name (Please print in CAPITALS)		
Company name (Please print in CAPITALS)		
I confirm that:		
		ed below then I wish to forfeit my exemption from y exemptions that have been awarded to you will
• I understand that I cannot re-claim an this time.	y forfeited exemption at any time in the futu	re on the basis of the qualification held by me at
PAPERS TO BE FORFEITED Please tick appropriate box(es)		
Applied Knowledge		
Business and Technology (BT)	Management Accountant (MA)	Financial Accounting (FA)
Applied Skills		
Corporate and Business Law (LW)	Performance Management (PM)	Taxation (TX)
Financial Reporting (FR)	Audit and Assurance (AA)	Financial Management (FM)
Signature		Date