

COUNCIL OF LEGAL EDUCATION EXAMINATIONS OFFICE

BAR EXAMINATIONS REGISTRATION FORM FOR RESIT. TO BE FILLED BY CANDIDATES REGISTERING FOR RESITS ONLY

- This Form <u>Must</u> Be filled In <u>Duplicate</u> and presented with <u>One</u> (1) set of the required documents
- Candidate retains one (1) STAMPED copy of the registration form
- Incomplete forms shall not be processed
- All the required parameters in the form must be completed

PART I: PERSONAL DETAILS

(Names should be written IN BLOCK and in full as they appear in student's identification document)

SURNAME FIRST NAME	OTHER NAME				
REGISTRATION NUMBER AT KSL					
NATIONALITY NATIONAL	NATIONAL ID/PASSPORT NUMBER				
GENDER DATE OF BIRTH M F	D D M M Y Y Y Y				
PART II: CONTACTS					
MOBILE PHONE NUMBER					
EMAIL ADDRESS					
POSTAL ADDRESS CODE CITY/TOWN	HOME COUNTY				

PART III: UNITS FOR WHICH CANDIDATE IS REGISTERING

Indicate with a tick alongside the unit(s) you wish to resit

S/N	COURSE C	CODE/UNIT	Please tick
1	ATP 100	Civil Litigation	
2	ATP 101	Criminal Litigation	
3	ATP 102	Probate and Administration	
4	ATP 103	Legal Writing and Drafting	
5	ATP 104	Trial Advocacy	
6	ATP 105	Professional Ethics	
7	ATP 106	Legal Practice Management	
8	ATP 107	Conveyancing	
9	ATP 108	Commercial Transactions	

PART VI: ATTACHMENTS

You MUST indicate the requisite documents y	ou are filing with	n this mandatory application form.			
(Documents are NOT ACCEPTED separately	. All documents I	MUST be filed together.)			
Evidence of examination fee payment (valid bank deposit slip) Copy of letter from CLE allowing student to defer the examinations (where applicable)					
Applicant's Signature:	: Date:				
FOR OFFICIAL USE ONLY					
RESIT FEE AMOUNT: NO C	OF UNITS:	RECEIPT NO:			
PAYMENT CONFIRMED BY:	Signature	Date			
REGISTRATION DOCUMENTS VERIFIED BY: _ (Manager, Examinations Administration)		 Date			
APPROVED FOR REGISTRATION BY: (Director, Examinations)	Signature	Date			
DATA CAPTURED BY:					

Signature

Date