



### COUNCIL OF LEGAL EDUCATION EXAMINATIONS OFFICE

#### APPLICATION FORM FOR **REMARK** OF EXAMINATION(S)

- This Form **Must Be filled In Duplicate** and presented with **One (1)** set of the required documents
- Candidate retains one (1) **STAMPED** copy of the application 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

REGISTRATION NUMBER AT KSL

NATIONALITY	NATIONAL ID/PASSPORT NUMBER
<input type="text"/>	<input type="text"/>

GENDER    
M F

DATE OF BIRTH

#### PART II: CONTACTS

MOBILE PHONE NUMBER

EMAIL ADDRESS

POSTAL ADDRESS	CODE	TOWN/CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME COUNTY

**PART III: UNITS FOR WHICH CANDIDATE IS SEEKING REMARK**

Indicate with a tick alongside the unit(s) you wish to have remarked.

S/N	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 IV: ATTACHMENTS**

You **MUST** indicate the requisite documents you are filing with this mandatory application form.

(Documents are **NOT ACCEPTED** separately. All documents **MUST** be filed together.)

Evidence of payment for remark(s) which is a valid Bank Deposit Slip

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

REMARK FEE AMOUNT: \_\_\_\_\_ NO OF UNITS: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

PAYMENT CONFIRMED BY: \_\_\_\_\_  
Signature Date