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TO: All Candidates

FROM: Hector L. Stephenson- Executive Director / Local Registrar

SUBJECT: ACCA - COMPUTER BASED EXAMINATIONS

Registration

Step 1: Entry Form- Complete OEC/ACCA CBE entry form and return to the Overseas Examinations Commission at least five days before the specified date of the examination.

Step 2: Obtain a bank draft- Fees payable to the ACCA **MUST** be paid in Great Britain Pounds in the form of a bank draft in the name of **Overseas Examinations Commission (OEC)**.

Step 3: Local Fees- Overseas Examinations Commission local fees **MUST** be lodged at the Bank of Nova Scotia using the payment voucher (pink) provided by the office.

OR

Complete an entry form and pay (both the fees payable to ACCA and local fees) at the Overseas Examinations Commission by Debit or Credit Card.

IMPORTANT REMINDERS

- **Kindly note that the deadline for registration for any CBE is five (5) working days prior to the examination date.**
- Examinations are held three times per month. Examination booking arrangements must be made with Mr. Tanjay Holmes. Special arrangements may be made for additional sitting. Conditions apply.
- Kindly see attached sheet for fees. Please note that the local fees contain a non-refundable processing fee of **Eight Hundred Dollars (\$800.00)** should you request a refund. Additionally if you request a refund there is a charge of **Five Hundred Dollars (\$500.00)** for provision of a Bank Draft payable to you unless you are willing to accept the Jamaican equivalent.

WITHDRAWALS &/ REFUNDS

- The withdrawal of individual candidate entries and refund of fees must be requested four (4) working days prior to the date of the examinations. **No refund will be granted if a candidate is absent from the examination.** All requests must be submitted in writing accompanied by the payment voucher/receipt.
- Refund cheque will be made payable in your name. ***N.B. No Administrative Fee will be deducted where the refund results from an error by the Overseas Examinations Commission (OEC).***

OEC/ ACCA CBE- ENTRY FORM

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address

Home Phone: (H) _____ (C) _____ Email Address: _____

Student Registration # : _____

Date of Birth: _____

Examination Date : _____

TIME: 9:00 AM 1:00 PM

Kindly indicate which subject(s) will be taken

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> FA1 | <input type="checkbox"/> MA1 | <input type="checkbox"/> FFA |
| <input type="checkbox"/> FA2 | <input type="checkbox"/> MA2 | <input type="checkbox"/> FAB |
| <input type="checkbox"/> FMA | | |

- F1 F2 F3 F4(Eng) F4 (Glo)

Signature: _____ Date:...../...../.....

To be completed, detached and returned to candidate along with information sheet.

Examination Date: _____ Examination Type: _____

TIME: 9:00 AM 1:00 PM