



## The HKBPA Deferred Examination Application Form

Name:	
Personal ID:	
Exam Candidate No.:	
Email:	
Phone:	
Module Name & Code:	1)  2)
Original Examination Date (DD/MM/YY):	
Exam Centre Code:	
Reason for Application:	

Please submit the form to [contact@hkbpa.com](mailto:contact@hkbpa.com). Your application will be reviewed by the Examination Committee, Office of Academic Affairs, and the further arrangement will be communicated to you via email provided above after the original examination schedule.

### Declaration by Student

I hereby declare that the information provided above is true and accurate. I request the Examination Committee to kindly allow me to appear for the deferred examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Office Use Only

Application No.: \_\_\_\_\_ Received on: \_\_\_\_\_

Decision: ☐ Approved ☐ Rejected      Deferred Exam Date: \_\_\_\_\_

Remarks: \_\_\_\_\_