



**COUNCIL OF LEGAL EDUCATION
EXAMINATIONS OFFICE**

APPLICATION FOR **REMARK OF BAR EXAMINATION
THIS FORM MUST BE FILLED IN DUPLICATE**

Documents required for application:

- 1. Evidence of payment for remark (valid bank deposit slip)

NOTE

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										MIDDLE NAME										LAST NAME									

REGISTRATION NUMBER AT KSL

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NATIONALITY										NATIONAL ID/PASSPORT NUMBER									

GENDER	<input type="checkbox"/>	<input type="checkbox"/>	DATE OF BIRTH	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
	D	D			M	M	Y	Y	Y	Y		
M	F											

PART II: CONTACTS

MOBILE PHONE NUMBER

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EMAIL ADDRESS

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