

DIRECTORATE OF EXAMINATION

This Form Must Be completely filled In and scanned and sent via email to examinations@cle.or.ke

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

SURNAME								FIRST NAME								OTHER NAME							

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[illegible][illegible]

MOBILE PHONE NUMBER

[illegible]

EMAIL ADDRESS

[illegible]

POSTAL ADDRESS					CODE	TOWN/CITY				

[illegible]