



APPLICATION FOR REMISSION OF A TRAINING CONTRACT PERIOD AND/OR PRESCRIBED TRAINING HOURS

The remission fee is payable.

1. STUDENT ACCOUNTANT

Surname :

First names :

Training Contract registration number : Date of execution :

Contract end-date :

2. ACCREDITED TRAINING OFFICE

Name :

Address of Training Office :

.....

Name of Training Officer/Partner :

3. I, the Student Accountant, hereby apply for a year reduction in the period of my training contract and/or a hour reduction in the number of training hours I am required to complete, on the grounds that ...

3.1 ... I have obtained a university degree after commencing my training contract.

Name of degree:

University where obtained:

The university academic year commences in (month) each year.

Written and passed: (Name of paper and exact date on which the last paper of the last examination completing the requirements for the degree was written.)

Note: Documentary evidence that a degree has been obtained must be attached, in the form of a certified copy of the degree certificate or a letter from the university confirming that all requirements to confer the degree have been met..

3.2 ... I have had previous practical training.

Period(s) served:

From: to:

with :

From: to:

with :

Note: Documentary evidence that training has been obtained and detailed training records must be attached.

I certify the foregoing information to be correct.

.....
SIGNATURE OF STUDENT ACCOUNTANT

.....
DATE

.....
SIGNATURE OF TRAINING OFFICER/PARTNER

.....
DATE