

## Corporate Governance, Assurance and Ethics (KC4) Special Examination - February 2020

#### A. Date of Conducting the Examination

09<sup>th</sup> February 2020

#### B. Medium of answering the examination

Examination will be conducted in English medium and you are required to **answer in English medium**.

#### C. Acceptance of the Application

Date of calling applications 06<sup>th</sup> January 2020 Application Closing Date 17<sup>th</sup> January 2020

Applications should be addressed to the "Director – Examinations" and sent either by registered post or dropped in to the box kept especially for this purpose, at the security point of the institute on or before 17.01.2020.

#### D. Examination fees payment details

Exam fees can be paid via institute's cashier / bank or online.

Bank Details : Bank of Ceylon – Any Branch

Account No : 2323142 (CA Sri Lanka collection account at the Torrington Square branch)

#### **Examination Fee Structure**

	Examination fee per subject							
Examination	Sri Lanka	Qatar	Maldives	Payment Code				
Corporate Level	Rs. 4,900.00	Rs.20,000.00	Rs. 15,000.00	EX 03				



### The Institute of Chartered Accountants of Sri Lanka 30A, Malalasekara Mawatha, Colombo 07 rporate Governance, Assurance and Ethics (KC4) Examinatio

Office use only
Index No

# Application for Corporate Governance, Assurance and Ethics (KC4) Examination February 2020

		Office use only	R	SP	TR	SE1	SE2	Payment carried forward if any			
1.	Full	Name	:								
	Name with initials :										
	Address :										
	Contact Number :										
	E-m	nail Address	:								
	NIC	C Number	:								
2.	CA	Sri Lanka Re	egistratio	on Numbe	er :						
3.	Exa	m Centre									
	Col	ombo			Q	atar		Maldives			
4.	Oth	er Mandatory	y Require	ements							
	Pur	chased releva	nt study	pack							
		npleted SE1 l	Ü								
	COL	npieted SE2	i i exaili		L						
5.	Dec	laration by C	Candidate	è							
	I certify that the details given by me in this application is correct. I undertake to abide by the decisions of the council in regard to this examination. I am liable to penalized for any false declaration made by me in this application. I hereby declare that I have fulfilled all the requirements to sit for this examination. A copy of the deposit slip as a proof of payment of the prescribed fee is attached herewith.										
	Date	e : .					Signature	: :			