LIST OF CANDIDATES FOR C.E.S.A. EXAMINATION HELD

F	ORM	В		(Incort the data)		
ON						
SUBJECT				GRADE (Please use a separate Form "B" for each GRADE)		
CONTACT PERSON:						
INSTITUTION:						
INSTITUTION ADDRESS:						
			FAMILY NAME	FIRST NAME		
	Grade	Mark	(In alphabetical order)			
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Returned from marker//	Certificates sent//	

The Commercial Education Society of Australia

ABN 50 000 004 731

ATTESTATION BY SUPERVISOR

EXAMINATION SUBJECT:	GRADE:
DATE OF EXAMINATION:	
I HEREBY TRULY DECLARE that the above examinathe date shown above, that the candidates did not recovere handed in according to by-laws dealing with time made to the papers after the examination.	ceive any assistance, that the worked papers
Supervisor's Name:	
Supervisor's Name:(Please print in	block letters)
Supervisor's Address:	
	Postcode
Supervisor's Signature:	
General Secretary The Commercial Education Society of Australia	

4 Cross Street

HURSTVILLE NSW 2220 AUSTRALIA