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Love.Faith.Hope

## Exam Registration Form

1. Candidate name (Full name as per IC):

\_\_\_\_\_

2. Date of Birth (DD/ MM/ YY): \_\_\_\_\_

3. Male/ Female: \_\_\_\_\_

4. Contact Number: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Exam name:

☐ Wonderful Music Star

☐ Piano Chef

☐ Trinity College of London

☐ IMAA

☐ ABRSM

☐ Others (Please specify): \_\_\_\_\_

7. Exam Grade: \_\_\_\_\_

8. Exam Month & Year: \_\_\_\_\_

9. Teacher Name: \_\_\_\_\_

Sign by Teacher:

Date: \_\_\_\_\_