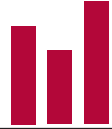


# Exam Cancellation Form



Name and Surname \_\_\_\_\_ SCAAK ID No.

ShKÇAK  
DKRRK  
SCAAK

SHOQATA E KONTABILISTËVE  
TË CERTIFIKUAR DHE AUDITORËVE  
TË KOSOVËS

DRUSTVO KVALIFIKOVANIH  
RACUNOVODJA I REVIZORA  
KOSOVA

SOCIETY OF CERTIFIED  
ACCOUNTANTS AND AUDITORS  
OF KOSOVO

## Certified Internal Auditor

B1/Internal Audit Knowledge Elements

B2/Internal Audit Basics

B3/Internal Audit Practice

PLEASE NOTE WITH   
THE EXAM WICH YOU WILL  
SUBMIT

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

Signature: \_\_\_\_\_

Cancellations are valid if submitted at least 7 days before the relevant exam, the amount paid for that exam you can use ONLY for one of the 2 consecutive deadlines and only for the same exam.