

Exam Cancellation Form



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

Name and Surname _____ SCAA ID No.

Accounting Technician

- P1/Financial Accounting _____
- P2/Managerial and Cost Accounting _____
- P3/Accountant in Business _____
- P4/Kosovo's Laws and Taxes _____

PLEASE NOTE WITH
THE EXAM WICH YOU WILL
SUBMIT

Certified Accountant

- P5/Financial Reporting _____
- P6/Auditing _____
- P7/Financial Management _____
- P8/Performance Management _____

Certified Auditor

- P9/Advanced Financial Reporting _____
- P10/Advanced Auditing and Assurance _____
- P11/Business Analysis _____
- P12/Professional Practice _____

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.