

CARIBBEAN EXAMINATIONS COUNCIL

HEADQUARTERS

NOTIFICATION OF NAME CHANGE

This is to certify that:

Current Name: _____

Current Candidate No.: _____

Centre No. or Name: _____

Currently registering for CSEC CAPE (tick appropriate box)

Former Name: _____

Previous Candidate No.: _____

Previous Centre No. or Name: _____

Previously registered for CSEC CAPE (tick appropriate box)

Name changed through (tick appropriate box)

Marriage Deed Poll

Signature of candidate
(if available): _____

Date: _____

Signature of Head of
Centre or Local
Registrar: _____

Date: _____

This form **MUST BE COMPLETED AND SUBMITTED** by/on behalf of a candidate whose name has been changed since he/she last registered for CSEC or CAPE examinations offered by the Caribbean Examinations Council. The Council needs this information to facilitate the tracking of prospective awardees of the CSEC Business Studies Certificate and CAPE Diploma and Associate Degree.

All name change notifications must be submitted through the office of the CXC Local Registrar