

Human Resource Management Professionals **Examinations Board**

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HRMPEB/EX/FM

EXEMPTIONS APPLICATION FORM

Note: Applicants should complete the form in capital letters. Application to be accompanied with certified copies of certificates and official transcripts.

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I. PERSONAL DATA										
	uld like it to appear o	n your final certi	ficate)							
Post Office Box	No:	Code:	City/Town:		County:					
Mobile number:			Nationality:							
Personal email address:			Date of Birth:				Gender:			
				Day/	Month/	Year		Male 1	Female	
II. EXEMPTION										
a) I am applying for exemption in the following subjects(s)										
Subject Level	Subject Coo	de		Subject Title						

III. DECLARATION BY APPLICANT		
I declare that the statements made herein are correctificates/transcripts provided in support of my applabide by the rules and regulations of Human Resource currently exist and as they may hereafter be reviewed.	ication are authentic/tru e Management Professi	e copies of the originals. I agree to
	Signature:	
Note:	Date:	
 The Examination Board is not accountable for of the certificates/transcripts holder presented The Examination Board retains the right to award in the event that it establishes any reason 	for award of exemption revoke admission, exem	ns. options award and/or certification
award in question ineligible.	Thurst Hardes Hee damings	on, exemptions and or certification
For Official Use Only		
DECISION:		
Approved/Not Approved	Signature:	Date:
Reviewed by	Signature:	Date: