

Change of Student Information

INSTRUCTIONS:

This form should be used if the student wishes to inform acbt of change of address, telephone numbers or e mail address

I wish to amend	my information in th	ne portal (Please 🏿)		
1) Address				
2) Telephone nu	ımber			
3) Email addres	s			
<u>New</u>				
<u>Old</u>				
Student ACBT II	D :		Course:	
Student Name	:			
Date	······		Student Signature:	
	•	handed over to Stuc e the information with		
or online of a	led) students are r change of address 「 is not liable if	s, telephone numbe	er or e-mail addres	ords Division in writing s within 7 days of such unication due to non-
×				
				n at the student records
Student ID				
Received date :		Signatur	e of Officer :	