

INSTRUCTIONS:

This form should be used if the student wishes to inform ACBT of a change of Name or Date of Birth (DOB) if different to the initial Application Form.

I wish to amend the following information in ACBT system (Please I)

1) Name	
2) DOB	
Old Information :	
New Information:	
Reason for Change:	
Student ACBT ID :	Course:
Student Name :	
Date : Stud	lent Signature:
I have submitted the following documents.	(Please I)
1) Birth Certificate 2) NIC or Passport	
You may be called upon to submit both of above or any other additional documents	
This form should be completed and handed over to Student Records . Student Records Division will update the information within 07 working days.	
For Official Use	
Prepared By Approved by Head of Fina	nce Approved by the Principal/Deputy Principal
Date://////	······
Changes to the System Done by:	Change to the system done on://
×	
Receipt of change of Student Name at the Student Records	
Student ID :	
Received Date :	Signature of Officer

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