

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Institution/Organization Name]  
[Institution Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: CBT Exam Declaration

I, [Your Full Name], hereby declare my intention to participate in the Computer-Based Testing (CBT) examination scheduled for [Date of Exam]. I affirm that I have fulfilled all the necessary requirements as outlined by [Institution/Organization Name] and am prepared to adhere to the guidelines and conduct expected during the examination.

Please find enclosed all necessary documents for your reference. Should you require any further information, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]