

EXAMINATION QUESTION APPEAL FORM

I hereby appeal against the following question(s)



Important information

- Use this form to lodge an appeal against a specific question or up to a maximum of three questions per form
- Only three questions per appeal form (and annexure) will be considered
- An appeal will only be considered on payment of R384 (incl. VAT) per a maximum of three questions
- An amount of R300 will be refunded if any one of the appealed questions is upheld.
- The outcome of the appeal will be communicated within 20 working days from receipt of payment
- All payments must be made within at least 6 working days from release of the exam result, failing which the appeal will automatically lapse
- An unsuccessful appeal may be referred to the Financial Services Board

Conditions for a valid appeal

- An appeal is defined as the process whereby the candidate wishes to challenge the accuracy or fairness of a specific aspect of the examination question(s)
- Only a valid appeal will be considered (i.e. a complaint is not an appeal)
- All required fields on the appeal form must be completed in full and in a legible form
- The appeal form must be completed in either English or Afrikaans
- The petition must clearly communicate the reason(s) for the appeal
- The appeal form (as well as any additional attached pages) must be signed by the candidate

Candidate Name & Surname
Candidate ID Number
Candidate contact number
Candidate e-mail address
FSP number

Date of Examination
Examination Venue

Indicate Examination Session Time:

09h00	<input type="checkbox"/>
13h30	<input type="checkbox"/>
Other	<input type="checkbox"/>

Indicate Examination Number:

RE 1	<input type="checkbox"/>
RE 3	<input type="checkbox"/>
RE 4	<input type="checkbox"/>
RE 5	<input type="checkbox"/>

Specify Exam Question Number:

Q.1	<input type="checkbox"/>
Q.2	<input type="checkbox"/>
Q.3	<input type="checkbox"/>

Question number(s) and reason for appeal:

* Any additional pages attached hereto must be signed

OFFICE USE ONLY			
	Appeal Outcome:		
	Q.1	Q.2	Q.3
_____	APPEAL UPHELD	<input type="checkbox"/>	<input type="checkbox"/>
Chairperson Signature	APPEAL DECLINED	<input type="checkbox"/>	<input type="checkbox"/>
_____	INVALID APPEAL	<input type="checkbox"/>	<input type="checkbox"/>
Date:	APPEAL WITHDRAWN	<input type="checkbox"/>	<input type="checkbox"/>
	APPEAL LAPSED	<input type="checkbox"/>	<input type="checkbox"/>

Candidate Signature *

Date:

Invigilator Signature *

Date: