

APPLICATION FOR REMARK OF EXAMINATION SCRIPT

APPLICATION FOR RE-MARK OF EXAMINATION SCRIPT

FULL NAM	MES OF CANDIDATE:		
IDENTITY	/ PASSPORT NUMBER:		
NAME OF	EXAMINATION:		
DATE OF	EXAMINATION:		
EXAMINA	TION VENUE:		
REASON	FOR RE-MARK REQUEST:		
KEAGON	TON NE MARK REGOLOT.		
I the undersigned hereby apply to Moonstone Information Refinery (Pty) Ltd (the "Examination Body") to re-mark my examination script pertaining to the above-mentioned examination, subject to the following terms and conditions:			
(i)	Written application for re-	-mark with proof of payment mu	ust be received by the Examination
(ii)	Body within 5 working days after the relevant examination results were made available. Payment of a remark fee of R384.00 (VAT Inclusive) must be made to the Examination Body before the request for re-mark will be attended to.		
(iii)			, even if it is lower than the original
Outcome of re-mark will be communicated within 30 days.			
Please Note: Request for re-mark is not the same as an appeal			
SIGNATU	RE:	DATE:	
	WITHDRAWN	OFFICE USE ONLY	
	YES NO	Signature – 1 st Review	Date
		Signature – 2 nd Review	Date