

APPLICATION FOR RE-MARK OF EXAMINATION SCRIPT				
FULL NAMES OF CANDIDATE:				
IDENTITY / PASSPORT NUMBER:				
NAME/TYPE OF EXAMINATION:				
DATE OF EXAMINATION:				
EXAMINATION VENUE:				
REASON FOR RE-I	MARK REQUE	ST:		
to re-mark my examina following terms and complete (i) Written approximately Body within (ii) Payment of before the	ation script perta onditions: olication for re-m n 5 working days f a remark fee of request for re-ma awarded after re	ining to the above-ment ark with proof of payme after the relevant exam R407.00 (VAT Inclusive) ark will be attended to. -mark will be the final re	ent must be nination res must be m	Ltd (the "Examination Body") nination, subject to the received by the Examination sults were made available. nade to the Examination Body n if it is lower than the original
SIGNATURE: DATE:				
OFFICE USE ONLY				
WITHDRAWN YES NO	SIGNATURE -	1 <sup>ST</sup> REVIEW		DATE
	SIGNATURE - 2	2 <sup>ND</sup> REVIEW		DATE