

CHARTERED INSTITUTE OF BANKERS (GHANA)



REQUEST TO REMARK EXAMINATION SCRIPT

FULL NAME OF CANDIDATE	
STUDENT MEMBERSHIP NUMBER	
NAME OF EXAMINATION	
DATE OF EXAMINATION	
EXAMINATION CENTER	

REASON FOR RE-MARK REQUEST

I the undersigned hereby request for a re-mark my examination scripts pertaining to the above-mentioned examination, subject to the following terms and conditions.

- (i) Written application for re-mark with proof of payment must be received by the examination committee within 10 working days after the relevant examination results were made available.
- (ii) Payment of a remark fee of GHS 500.00 per subject must be made to the Institute before the re-mark will be attended to.
- (iii) Fees paid for remark are non-refundable
- (iv) The marks awarded after the re-mark will be the final results, even if it is lower than the original marks.
- (v) Results of the re-marked script will be communicated to the applicant through the same medium as the first one.

Please Note: Outcome of remark will be communicated within 30 days

SIGNATURE	
-----------	--

DATE	
------	--

OFFICIAL USE ONLY

Amount Paid.....

Receipt no.

Name of Receiving Officer

Sign.....