**Examination Appeals Policy: Form for Candidates** You are advised to read the Examination Appeals Policy before deciding to proceed with an appeal.

Personal Details	
Forename:	
Surname:	
PIN:	
Address:	
Telephone Number:	
Details o	f the Examination Appeal
Examination subject:	
Date of Examination:	
Result of Examination	
Grounds of appeal from the	
list set out in the Examination Appeals Policy	
Summary of Examination	
Appeal	

Reasons why you believe the grounds of appeal apply	
Desired outcome:	
Other routes of enquiry which have already been undertaken e.g. a remark of your examination.	
List of evidence you have included to substantiate your claim:	

I attach the Appeal fee of £112.00 (Refundable in the event of an appeal being upheld)
<b>Declaration</b> It is my intention to make an appeal. The details I have provided are true and complete and I would be prepared to answer further questions in relation to any claims I have made. I consent to details in respect of my appeal being disclosed to necessary third parties.
Signed:
Dated:
Address for correspondence: Deputy Company Secretary Chartered Insurance Institute, 42-48 High Road, South Woodford, London E18 2JP