

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 of the Examination Appeal	
Examination Unit:	
Date of Examination:	
Result of Examination:	
Grounds of appeal from the list set out in the Examination Appeals Policy:	
Summary of Examination Appeal:	

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

I attach the Appeal fee of £120.00 (Refundable in the event of an appeal being upheld).

Declaration

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