

MCQ EXAM RECHECK REQUEST FORM

(PLEASE USE BLOCK CAPITALS) Please note incomplete forms will be returned



The
Insurance
Institute

INSTITUTE MEMBERSHIP NUMBER

Personal Details

Salutation Mr/ Ms/ Mrs/ Other (please state)

First Name

Surname

Maiden Name

Date of Birth

Gender

Male Female

Home Address

Telephone

Mobile

Email Address

Notes

Please Complete, Print and Submit in hard copy within 10 working days after the date on which examination results are first published.

Please read The Insurance Institute Exam Rules & Regulations (and in particular the regulations relating to Rechecks), available at www.iii.ie/exams/exam-regulations.

You will receive a response within 10 working days.

Fee per Recheck: €35

Payment Details

Payment Method Cash/Cheque/PO Credit/Debit Card Sponsoring employer*

Amount €

Cheque/
PO Number

(Please cross your payment and make payable to 'The III')

Credit / Debit Card Laser Mastercard Visa Amex

Number

Name

Expiry Date

CVV (Last 3 digits on reverse of card)

Employer (if sponsoring)

Contact Details

Employer Signature

Module Details

Module code Module name

Module code	Module name

For Office Use Only

Date Received

Review Granted

Yes No

Outcome

Payment Received

Process Complete

Refund Issued
(If applicable)

