

WRITTEN EXAM REVIEW 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

Module Details

Module code	Module name

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 Reviews), available at www.iii.ie/exams/exam-regulations.

You will receive a response within 10 working days.

Fee per Review: €65

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

For Office Use Only

Date Received / /

Review Granted Yes No

Outcome

Payment Received / /

Process Complete

Refund Issued (If applicable)

