

ENQUIRIES ABOUT RESULTS REQUEST FORM

Please complete this form and email it to qualifications@propertymark.co.uk within 10 working days of the date of receipt of your examination result.

| Candidate details | |
|--|--|
| Candidate Name | |
| Candidate Number <i>E.g. Q0*****</i> | |
| Date Requested | |
| Signature | |

| Examination details | |
|--|--|
| Qualification Title <i>E.g. Level 3 Award in Residential Letting and Property Management</i> | |
| Unit Title <i>E.g. Health & Safety, Security and General Law</i> | |
| Unit Code <i>E.g. COM1</i> | |
| Date of Examination | |

| Type of service required | | |
|--|------------|--|
| <i>Please tick the service you require</i> | | |
| Results review | £30 | |
| Full re-mark | £65 | |

| Reason for request |
|--|
| <i>Please continue on to the next page</i> |
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Other information

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For office use only

| | |
|------------------------------|--|
| Date Request Received | |
| Date Fee Received | |
| Assigned to | |
| Case Number | |
| Date Resolved | |