

Application for Remark



IMPORTANT NOTICE

All details must be completed **CUT-OFF DATE: 10 days after release of results**

Post to CIS at PO Box 3146, Houghton 2041

PLEASE PRINT IN BLACK INK

Fees:

- **Remarking of script: R260 per module**
- **You will unfortunately not be able to apply for an Individual Feedback Report after the cut-off date due to time constraints.**

Payment must accompany application.

Note: Please update your personal profile on-line at <https://www.icsadms.co.za/userlogin.php>

It is not our policy to let students review their scripts. All students who submit their scripts at the exam venue for marking relinquish any rights they have to the script – we have a remark policy and a mechanism whereby you can apply for an individual feedback on your script which would point out where you went wrong.

Applicant Details

Student Number:

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Surname:

Full Names:

Initials:

Identity Number:

Home Number:

Work Number:

Cell Number:

Fax Number:

Email:

Postal Address Line 1:

Postal Address Line 2:

City:

Province:

Postal Code:

Country:

Preferred method of communication (Select **ONE**)

Post	Fax	Email
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I agree that I will accept the results of the remark.

Signature:

I wish to apply for a remark for the following module(s):

Please tick relevant boxes

Module Code	Module Name	
3-IOB	Introduction to Business English	
3-IMB	Introduction to Business Mathematics	
3-ITA	Introduction to Accounting	
3-ITG	Introduction to Governance	
3-IOAI	Introduction to Office Administration and Information	
4-FBE	Fundamentals of Business English	
4-FOM	Fundamentals of Business Mathematics	
4-FOA	Fundamentals of Accounting	
4-FOG	Fundamentals of Governance	
4-FOF	Fundamentals of Office Administration	

CIS1-2	Financial Accounting I	
CIS1-3	General Principles of Commercial Law	
CIS1-4	Communication	
CIS2-5	Economics	
CIS2-1	Management Information Systems	
CIS2-2	Financial Accounting II	
CIS2-3	Advanced Commercial Law	
CIS2-4	Taxation	
CIS2-5	Management Principles	
CIS3-1	Corporate Law	

CIS3-2	Financial Accounting III	
CIS3-4	Management Accounting	
	ELECTIVES	
CIS 3-3	Strategic and Operation Management	
	OR	
CIS 3-5	Auditing and Independent Review Engagements	
BE-1	Corporate Administration	
BE-2	Corporate Financial Management	
BE-3	Corporate Governance	
BE-4	Corporate Secretaryship	

Payment Options

Credit Card
 Cheque
 Direct Deposit
 Other

Number of Module(s)		Amount
	x R260 per re-mark	
	Total	
	Amount Paid Now	

Credit Card Payment

Please charge to my Visa Master Card Other

Account Number:

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CV Number (last 3 digits on the back of the card):

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If on "Budget Account", number of months:

Expiry date:

M	M	Y	Y	Y	Y
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Card Holder Name

Card Holder's Signature

Deposit/Cheque Payment

Deposits/Cheques must be made payable to:

Account holder: ICSA
Bank details: Nedbank
Branch name: Braamfontein
Branch code: 19 68 05
Account number: 1968 298 991

Reference: Surname and Student Number **[COMPULSORY]**