EXAMINATION QUESTION APPEAL FORM

I hereby appeal against the following question(s)

Financial Planning Institute of Southern Africa
SETTING THE STANDARD

Important information

- *Use this form to lodge an appeal against a specific question or up to a maximum of three questions per form*
- *Only three questions per appeal form (and annexure) will be considered*
- *An appeal will only be considered on payment of R250 (incl. VAT) per a maximum of three questions*
- *An amount of R200 will be refunded if one of the three appealed question(s) is upheld.*
- *The outcome of the appeal will be communicated within 20 working days from receipt of payment*
- *All payments must be made within at least 6 working days from release of the exam result, failing which the appeal will automatically lapse*
- *An unsuccessful appeal may be referred to the Financial Services Board*

Conditions for a valid appeal

- *An appeal is defined as the process whereby the candidate wishes to challenge the accuracy or fairness of a specific aspect of the examination question(s)*
- *Only a valid appeal will be considered (i.e. a complaint is not an appeal)*
- *All required fields on the appeal form must be completed in full and in a legible form*
- *The appeal form must be completed in either English or Afrikaans*
- *The petition must clearly communicate the reason(s) for the appeal*
- *The appeal form (as well as any additional attached pages) must be signed by the candidate*

Candidate Name & Surname	***Date of Examination***
Candidate ID Number	***Examination Venue***
Candidate contact number	
Candidate e-mail address	
FSP number	

Indicate Examination Session Time:

08h00	
11h30	
14h30	

Indicate Examination Number:

RE 1	
RE 5	

Specify Exam Question Number:

Q.1	
Q.2	
Q.3	

Question number(s) and reason for appeal:

* *Any additional pages attached hereto must be signed*

OFFICE USE ONLY

Chairperson Signature

Date:

Appeal Outcome:	***Q.1***	***Q.2***	***Q.3***
APPEAL UPHELD			
APPEAL DECLINED			
INVALID APPEAL			
APPEAL WITHDRAWN			
APPEAL LAPSED			

Candidate Signature *

Date:

Invigilator Signature *

Date: