

Post Results Application



You are advised to read the CISI Narrative Examination Post Results Policy before requesting post results services. If you have any queries, please call us on +44 20 7645 0777 or email customersupport@cisi.org.

Post Results Application ©2021

1. Personal information

Candidate Number (If known):

Membership Number (If known):

Forename(s):

Surname:

Title (e.g. Mr/Mrs/Miss/Ms/Dr):

Date of birth: DD / MM / YYYY

Email:

2. Service requested tick as appropriate

A. Marks Report B. Clerical Check C. Review of Marking

Please indicate which examination(s) your application is related to in the box below:

Examination title: <input type="text"/>	Date of exam: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Examination title: <input type="text"/>	Date of exam: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Examination title: <input type="text"/>	Date of exam: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY

3. Payment

The fees for post results services are stated on the **price list**:

Please complete the relevant payment method selection below:

a. If payment is to be made by your firm, please provide the following information:

Contact name:

Purchase order no.

Address:

I authorise payment to be invoiced to our general account:

Print name

Signature _____ Date DD / MM / YYYY

