



**HKIB Professional Qualifications Examination Result Review Request Form**

**Important Note:** This request must be submitted to HKIB within one month of the date printed on your Examination Result Notice.

**Section A – Personal Particulars:**

Title: Dr/Mr/Mrs/Ms\* Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Chinese Name (if applicable): \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 HKID/Passport No.\*: \_\_\_\_\_ Membership No.: \_\_\_\_\_  
*\* delete wherever appropriate*

**Section B – Examination Paper(s) for Review:**

(Please put a “ v ” in the appropriate box)

The rechecking fee is **HK\$500** per module and remarking fee is **HK\$4,000** per module

**CB**                                       **ECF**                                       **CFMP (Macau)**

<input type="checkbox"/> <b>Rechecking</b>	<input type="checkbox"/> <b>Remarking</b>
Module(s): 1. _____	Module(s): 1. _____
2. _____	2. _____

**Total Module(s) applied:** \_\_\_\_\_

**Section C – Payment Method:**

The **non-refundable** processing fee for examination result review is paid by:

**Cash**  
 **Cheque** (made payable to “THE HONG KONG INSTITUTE OF BANKERS”)  
 **Credit Card**  
      VISA     MasterCard    Amount: HK\$ \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_  
 Credit Card No.: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the form to the Examination Department by fax (852) 2544 9946, by post (please mark “Examination Result Review Request” on the envelope), or in person at 3/F Guangdong Investment Tower, 148 Connaught Road Central, H.K.

FOR OFFICE USE ONLY			
Reviewed by	Amount	Receipt No.	Sent on: