

## HKIB Professional Qualification Examination Result Appeal - 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: Mr. / Ms. / Dr. / Prof. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
 Chinese Name (if applicable): \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 HKID/Passport No.\*: \_\_\_\_\_ Membership No.: \_\_\_\_\_

\* delete wherever appropriate

### Section B – Examination Paper(s) for appeal:

Please tick the appropriate box if necessary

No.	Professional Qualification / Programme	Module	Rechecking (HKD500 per module)	Remarking (HKD4000 per module)	Date of Exam (DD/MM/YYYY)	Fee (HKD)	
1	<input type="checkbox"/> CBI/CBII/CB* <input type="checkbox"/> ECF <input type="checkbox"/> CFMP <input type="checkbox"/> CPWP M2		<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/> CBI/CBII/CB* <input type="checkbox"/> ECF <input type="checkbox"/> CFMP <input type="checkbox"/> CPWP M2		<input type="checkbox"/>	<input type="checkbox"/>			
* delete wherever appropriate						<b>Total</b>	

### Section C – Payment Method:

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

**A cheque / e-Cheque made payable to “The Hong Kong Institute of Bankers” (cheque no. \_\_\_\_\_)\***

**Faster Payment System (FPS) Account: account@hkib.org \***

**Credit Card**

VISA     MasterCard    Amount: HKD \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

CreditCardNo.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

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

\*For e-Cheque / FPS, please state your full name and reference code ( e.g. examination code ) under “remarks” (e-cheque) or ‘Message to Payee/Recipient’ (FPS) and email together with the completed form to [exam@hkib.org](mailto:exam@hkib.org).

### FOR OFFICE USE ONLY

Reviewed by :	Amount :	Receipt No:	Sent on:
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