



## **Re-check Request Form**

Can	didate Name:					
Candidate Number:			Center Number			
Write the syllabus code that you would like to re-check:						
#	Syllabus	Components to be reviewed	Full clerical re-check	A review of the marking +	A review of the marking + full clerical re-check + a detailed report	
Signature:				Signature:		
Candidate's Name:				Parent's Name:		
Date:				Date:		
Office Use only:						
Form Received:						
Signature:						
Name	:		Designation:			
Date: Time:						