

# Appeal Application (Summer 2021 – Teacher Assessed Grades)

You are advised to read the CISI Appeals Policy (Summer 2021 – Teacher Assessed Grades) before deciding to appeal. If you have any queries, please call us on +44 20 7645 0777 or email [customersupport@cisi.org](mailto:customersupport@cisi.org).

## 1. Candidate Information

<b>Customer No.:</b> <i>(if known):</i>		<b>Membership No. :</b> <i>(if known):</i>	
<b>Forename(s):</b>		<b>Surname:</b>	
<b>Title:</b> <i>(e.g. Mr/Mrs/Miss/Dr)</i>		<b>Date of Birth:</b> <i>(DD/MM/YYYY)</i>	
<b>Name of School/College:</b>			

<b>Name of person submitting appeal:</b>	
<b>Email address:</b>	

## 2. Type of Appeal

I wish to appeal the result of the Financial Products, Markets & Services examination provided using a teacher assessed grade on the 10 August 2021.

## 3. Grounds for Appeal

Please indicate the grounds for appeal, from the list outlined in Section 2.1 of the Appeals Policy (Summer 2021 – Teacher Assessed Grades), which apply to your application.

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## 4. Summary of Appeal

Please provide full details of the circumstances that have led to your application and the reasons why you believe the grounds for appeal apply. Continue onto a separate sheet if necessary.

## 5. Supporting Documents

Please provide a list of any evidence or supporting documents you are including to substantiate your claim.

## 6. Payment

The fee for making an appeal is £100.00. Payment may be made by credit card, by calling the CISI Finance Department, on 020 7645 0681, and quoting the candidate's CISI Customer Number as a reference.

I confirm that I have contacted the CISI Finance Team and have made payment for this appeal application.

**7. Declaration**

I confirm that the information provided in this application is true and accurate and I will be prepared to answer further questions in relation to any claims I have made.	<input type="checkbox"/>
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I consent to this information being processed specifically and only for the purpose of this application.	<input type="checkbox"/>
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I can confirm that I have read and understand the <b>CISI Appeals (Summer 2021 – Teacher Assessed Grades) Policy</b> .	<input type="checkbox"/>
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Where I am appealing on behalf of a candidate, I have the candidate’s consent to making this application.	<input type="checkbox"/>
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<b>Signed:</b>		<b>Date:</b>	
<b>Print Name:</b>			

Please submit your signed application form by email to [appeals@cisi.org](mailto:appeals@cisi.org).