IEB ADULT EXAMINATIONS

REQUEST FOR REVIEW/RE-MARK/CENTRE REVIEW REPORT

Please tick (√) the relevant box: June ☐ November ☐ AET – Month ☐

Please tick (√) the relevant box: Exam Re-mark ☐ Exam Review ☐ Center Review Report ☐

Please complete and scan and e-mail or fax for the attention of:

Agnes Mkandla
Fax No.: 086 240 0452 or e-mail address: mkandlaa@ieb.co.za

Centre Number: _____ **Centre Name:** _____

Learner Registration No.	Surname	First Name	Course Code

Fees:

Remark for Levels 1, 2, 3	-	R323,00 per script
Remark for NQF 1	-	R404,00 per script
Individual Exam Review for Levels 1, 2, 3	-	R404,00
Individual Exam Review NQF 1	-	R404,00
Group Review Report ABET Levels 1 - 4	-	R1 717,00

NB: The request must be submitted together with the proof of payment. Please use your centre number as the reference for all the payments.