Post Results Application



You are advised to read the CISI Narrative Examination Post Results Policy before requesting post results services. If you have any queries, please call us on +44 20 7645 0777 or email customersupport@cisi.org.

1. Personal information	
Candidate Number (If known): Membership Number (If known): Forename(s): Surname: Title (e.g. Mr/Mrs/Miss/Ms/Dr): Date of birth: Email:	
A. Marks Report B. Clerical Check C. Review of Marking Please indicate which examination(s) your application is related to in the box below.	v:
Examination title: Examination title: Examination title:	Date of exam: DD/ MM/ YYYYY Date of exam: DD/ MM/ YYYYY Date of exam: DD/ MM/ YYYYYY
3. Payment	
3. Payment The fees for post results services are stated on the price list: Please complete the relevant payment method selection below: a. If payment is to be made by your firm, please provide the following information: Contact name: Purchase order no. Address:	
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b. If you are making payment by Card, please complete the information requested below and we will contact you.	
The Chartered Institute for Securities & Investment accepts payment by the following types of payment card: American Express, Delta, Eurocard, MasterCard, Maestro and Visa.	
Payment by Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable	
Please contact me or other other	
by telephone/email* to make payment on my behalf.	
Telephone number:	
Email address:	
*If you have selected via email you will receive a payment link from customersupport@cisi.org to complete	
Name:	
Signature:	
4. Declaration	
I consent to this information being processed specifically and only for the purpose of this application.	
I can confirm that I have read and understand the CISI Narrative Examination Post Results Policy.	
Signature: Date: DD / MM / YYYY	

Please submit your signed application form by email to MarksReview@cisi.org