

# EXAM RELATED SERVICE REQUEST FORM

## ID CARD INFORMATION

ID card number .....

Entry No .....

ID card serial Number .....  
(Located on back of the ID Card)

Date .....

## CANDIDATE INFORMATION

Information must be filled as in ID Card

Full Name (In **BLOCK** Letters) ..... D.O.B. ....

Permanent Address Atoll ..... Island ..... Address .....

Present Address Atoll ..... Island ..... Address .....

Contact Phone ..... Mobile ..... E-mail .....

Alternative Contact Person Name .....

& Relation Phone ..... Mobile ..... E-mail .....

## EXAM RELATED INFORMATION

Centre Number ..... Centre Name .....

Candidate Number ..... UCI Number ..... Session ..... / .....

☐ CIE ☐ EDEXCEL ☐ SSC ☐ HSC ☐ Other Exams (Please Specify) .....

## SERVICE REQUIRED

☐ Amendment { Type of Document → ☐ Statement of Entry ☐ Statement of Result ☐ Certificate  
Required Amendment → ☐ Gender ☐ Date of Birth (DD/MM/YYYY) ☐ Syllabus Code ☐ Option Code  
**Please Mark and Specify Correction**  
☐ Subject .....  
☐ Name .....

☐ Late cash-in Codes 1. .... 2. .... 3. .... 4. .... 5. .... 6. .... 7. ....

☐ Re-check { Syllabus Code Subject Component / Unit

RE-CHECK SERVICES			
S1	S2	S2-2	S3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SSC & HSC Report is applicable within 15 days after remarking result been issued**

☐ Centre Transfer (Specify required centre name) .....

☐ Certificate Replacement (Certifying Statement) ☐ Others Service (Specify) .....

☐ Endorsement (for Overseas Exams Only) .....

☐ Translation .....

## CANDIDATE'S SIGNATURE

Signature .....

Name .....

## CHECKED BY

Signature .....

Name .....

Date and Time .....

## PAYMENT RECEIVED BY

Name ..... Signature .....

Date and Time .....

Receipt Number .....

Amount ..... Tendered .....

Balance ..... Signature .....

## SERVICE RECEIVED BY

Signature .....

Name .....

Date and Time .....

ID Card No .....

Contact No .....