



ST CHARLES COLLEGE
S O U T H A F R I C A

Dear Applicant

APPLICATION FOR A REMARK

If you wish for any examination or a particular component of an examination to be remarked please fill in the details below:

Candidate Name: _____

Candidate number: _____

Remarks are requested by component (per exam paper written). Some subjects could have up to four Components.

Subject for remark:	Service Option/No.	Components (All or 1,2,3)
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Multiple Choice**** exams cannot be remarked!

I, _____, confirm that the information submitted above is correct
attach proof of payment in this regard.

Parent's signature

Date

The cost of the remark will need to be paid before the application can be submitted.

Once confirmed, you will need to **deposit the full amount** for the exam fees into the St Charles College bank account.

- a. **Banking Details:** FNB, Midlands Liberty Mall, Branch Code: 257355, Acc No.: 50941101574
- b. Use the **students name** and **student number** as the reference. Eg: *J. Bloggs 1234*.
- c. The proof of deposit needs to be emailed to operations@scc.co.za and payments@scc.co.za

Yours faithfully



Mr Stewart Bradford
Operations Manager