

ATT POST-EXAMINATION SERVICES FORM

Please complete this form and tick the post-examination result service(s) you require.

The fees are per paper.

The scripts remain the property of the Association and we cannot return them or provide copies.

| | |
|----------------|--|
| STUDENT NUMBER | |
| FORENAME(S) | |
| SURNAME | |
| CONTACT NUMBER | |
| EMAIL ADDRESS | |

| | |
|-----------------------------------|--|
| EXAMINATION PAPER(S) REQUESTED | |
| | |
| | |

| FEE | SERVICE | (please tick) |
|-----|--|--------------------------|
| £35 | Recheck of Marks (please note this is not a remark) | <input type="checkbox"/> |
| £15 | Mark Breakdown | <input type="checkbox"/> |
| £ | TOTAL | |

| PAYMENT | (please tick) |
|--|--------------------------|
| Enclosed Cheque | <input type="checkbox"/> |
| BACS / Internet Payment (UK banks only) | <input type="checkbox"/> |
| Please state date paid (using your student number as a reference): _____ | |
| Account Name: | ATT |
| Sort Code: | 40-05-20 |
| Account Number: | 61722719 |

Please return this form to: **Association of Taxation Technicians, 30 Monck Street, London SW1P 2AP** or email a scanned copy to education@att.org.uk.

www.att.org.uk

@ourATT on

