Advocis®

Request for Re-Mark Form

Identifying Information

❑ Mr. ❑ Ms. ❑ Miss ❑ Mrs.

First Name | Initial | Last Name | Advocis ID no.

Mailing Address

This address is: ■ Business ■ Home

Company Name

Street Address | City | Province | Postal Code

Business Telephone | Fax | Email Address

Request for Re-Mark

Please indicate which of the following assessments you wish to have re-evaluated (allow 30 days to process your request):	COST (Add GST/HST)
❑ **FP Capstone Modular Plan**	$75.00
❑ **FP Capstone Comprehensive Plan**	$75.00
❑ **CLU 237 / 257 Term Assignment**	$75.00
❑ **CLU 237 / 257 Final Exam**	$75.00

SUBTOTAL	
ADD GST/HST GST No. R107625378	
TOTAL (FEES MUST BE REMITTED IN FULL)	

Payment Information

TOTAL AMOUNT (including applicable taxes): $ ___.___

CARD NO.

EXPIRY DATE:

I authorize Advocis to charge my credit card for the total fee:

❑ VISA ❑ MasterCard ❑ AMEX

☒ Signature _____ ☒ Date MM / DD / YYYY

Send Completed Form To:

Payments by credit cards can be submitted via mail, fax, or email:

Mail To: 390 Queens Quay West, Suite 209 • Toronto, ON • M5V 3A2
Fax: 416.444.8031
Email: info@advocis.ca

For more information visit www.advocis.ca, email: info@advocis.ca or call 416.444.4449 or 1.877.773.6765

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