Advocis

Request for Re-Mark Form

Identifying Information

☐ Mr. ☐ Ms. ☐ Miss ☐ Mrs. Advocis ID no. ☐☐☐☐☐☐☐

First Name _____ Initial_____ Last Name _____

Mailing Address This address is: ☐ Business ☐ Home

Company Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

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)
☐ CLU 257 Term Assignment		$150.00
☐ CLU 257 Final Exam		$150.00
	SUBTOTAL	
	ADD GST/HST GST No. R107625378	
	TOTAL (FEES MUST BE REMITTED IN FULL)	

Payment Information

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

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

Signature _____

Date _____

☐ VISA ☐ MasterCard ☐ AMEX

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card No.

☐☐☐☐ Expiry Date

Send Completed Form To:

Payments by credit cards can be submitted via mail, fax, or email:
Mail to: 10 Lower Spadina Avenue, Suite 600, Toronto, ON M5V 2A2 • 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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