

Rescoring Request Form

Learner's Details	
Examination session	
Examination Centre	
Level	
Centre Number	G
Centre Name	
Candidate number (filled out by UCert)	
Candidate's name	
Candidate's surname	
Date of birth	
E-mail address	

Please, indicate in detail the reason for rescoring:

The cost for the rescoring is **50 €** and must be deposited at the following Piraeus Bank account:

IBAN: GR48 0172 1260 0051 2609 5509 411

Beneficiary: UNICERT ACADEMY IKE.

This form along with the bank receipt and the identification document (ID/Passport/Driving license/Birth Certificate/Other) must be submitted to UCert either by post to **1A Rethymnou St, 10 682, Athens** or e-mail at ocn@ucert.gr within 14 days after the exam results have come out. Upon receiving the result of the rescoring request, you will be notified by e-mail about the outcome.

Candidate's Name _____ **Signature** _____

Date _____