



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	
account:	nd must be deposited at the following Piraeus Bank 09 411 KE. ΔΟΣ ΕΚΠΑΙΔΕΥΣΗΣ
license/Birth Certificate/Other) must Akadimias St, 10 677, Athens or e-	t and the identification document (ID/Passport/Driving be submitted to UCert either by <u>post</u> to 98 - 100 mail at <u>ocn@ucert.gr</u> within 14 days after the examing the result of the rescoring request, you will be
Candidate's Name	Signature