

Organiser:



APPEAL APPLICATION FORM

Co-organiser:



Program Name: <i>(please delete as appropriate)</i>	BEAM Professional Training and Examination / BEAM Affiliate Training and Examination *		Date of Submission: (DD/MM/YY)	
Name: <i>(Name shown on your HKID / Passport)</i>	Dr / Ir / Prof / Mr / Mrs / Ms			
Contact Phone No:		Email Address:		
Organisation:				
Job Title:				
Date of Training Session Attended:		Examination Session Taken:	Date:	Seat No.:
			Time:	
Form(s) of Appeal: <i>(choose more than 1 box if applicable)</i>	<input type="checkbox"/> Appeal to Process and Procedure <input type="checkbox"/> Appeal to Questions			

Reasons for Appeal:

(Please elaborate in more details with evidence if possible. You can also attach relevant documents as additional information.)

Notes to Applicants:

1. Appeals must be made within 10 working days immediately following the announcement of results.
2. Application must be submitted together with payment by cheque.
3. An official receipt will be issued shortly upon cheque clearance.
4. You will be informed of the result of your appeal by the Examination Organiser around 20 working days after appeal submission.

PAYMENT

Fee: HK\$500.00 (Administration Fee) + _____ x HK\$500.00 (Questions to be appealed – if available) = HK\$ _____

Please send a crossed cheque made payable to "BEAM Society Limited" together with this Appeal Form to:

1/F, Jockey Club Environmental Building, 77 Tat Chee Avenue, Kowloon Tong, Hong Kong

Cheque Number and Issued Bank: _____

DECLARATION & CONFIDENTIALITY

I hereby declare that I have read the "Notes to Applicants" stated in the above; and this submission will be kept confidential.

Signature of Applicant

Date

All information supplied will be used strictly confidential

For Office Use Only Case Received Date: Case Assigned To: Deadline to Reply to Applicants:	Case No: Case Received by: Case Copied To: Closing Date: Closed By: ()
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