

## Assessment Remark Form



### SECTION 1: INFORMATION ABOUT THE STUDENT (PLEASE PRINT CLEARLY AND COMPLETE ALL DETAILS)

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| ASFA Student number:  |  | Title (Dr, Mr, Ms, Mrs, Miss/other): |  |
| First Name:   |  | Surname:                             |  |
| Title/Position:   |  | Date of Birth:                       |  |
| Organisation Name:  |  |                                      |  |
| E-mail Address:   |  |                                      |  |
| Work Phone Number:  |  | Home Phone Number:                   |  |
| Fax Number:   |  | Mobile Number:                       |  |
| Please send any changes of personal details to <a href="mailto:learning@superannuation.asn.au">learning@superannuation.asn.au</a> |  |                                      |  |

### SECTION 2: INFORMATION ABOUT THE ASSESSMENT

|                    |  |
|--------------------|--|
| Subject Name:      |  |
| Assessment Date:   |  |
| Assessment Number: |  |

### SECTION 3: REASON FOR THE ASSESSMENT TO BE REMARKED

Please provide details on the reason for why you believe the assessment requires remarking

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### SECTION 4: PAYMENT DETAILS - A FEE OF \$80 (GST EXEMPT) APPLIES TO THE REMARKING OF ASSESSMENTS

**Your assessment will not be submitted for remarking until full payment has been received.**

|  |  |  |           |
|--|--|--|-----------|
| Non-Refundable Fee: (including GST)  | \$   | Cheque made payable to ASFA enclosed. Cheque Number: |           |
| Credit Card Payment (please tick):   | <input type="checkbox"/> Visa <input type="checkbox"/> Diners <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX (4 digit security code _____)                             |  |           |
| Personal credit card:  | Y / N  | Corporate credit card:                               | Y / N     |
| Cardholder Name:   |  |  |           |
| Cardholder Signature:  |  |  |           |
| Card Number:   | _____  | Expiry Date:   | ___ / ___ |
| Electronic Funds Transfer<br><b>Name of Account:</b> The Association of Superannuation Funds of Australia Ltd<br><b>BSB No:</b> 032 000 <b>Account No:</b> 12-1167<br><b>Bank:</b> Westpac<br><b>Branch:</b> Sydney Office, 341 George Street, Sydney NSW 2000 | Conducted on this date ___ / ___ / ___<br>Payment reference: _____<br>(Your payment reference should be either your Student ID or the initial of your first name followed by your surname) |  |           |

### SECTION 5: PRIVACY POLICY

The Association of Superannuation Funds of Australia Ltd (ASFA) is committed to safeguarding your privacy and complying with the National Privacy Principles as set out in the Privacy Act (1988) and its subsequent amendments. Our full Privacy Policy is available on [www.superannuation.asn.au](http://www.superannuation.asn.au) or contact [privacy@superannuation.asn.au](mailto:privacy@superannuation.asn.au).

Return forms by mail to PO Box 1485 Sydney NSW 2001, fax to 1300 926 484 or scan and e-mail to [learning@superannuation.asn.au](mailto:learning@superannuation.asn.au)