



THE INSTITUTE OF
**CHARTERED
ACCOUNTANTS**
OF BANGLADESH

The Institute of Chartered Accountants of Bangladesh (ICAB)
Examination Division

REQUEST FOR REVIEW OF ANSWER SCRIPT/RESULT

Examination Session: _____

Registration No.: _____ Roll No.: _____

Name: _____

Father's Name: _____

Mother's Name: _____

Please tick the paper(s) for which review is required:

Certificate Level	Professional Level	Advanced Level
<input type="checkbox"/> Ass <input type="checkbox"/> Acc <input type="checkbox"/> BF <input type="checkbox"/> MI	<input type="checkbox"/> AA <input type="checkbox"/> FAR <input type="checkbox"/> BS <input type="checkbox"/> FM	<input type="checkbox"/> CR <input type="checkbox"/> SBM <input type="checkbox"/> CS
<input type="checkbox"/> Tax <input type="checkbox"/> BL <input type="checkbox"/> IT	<input type="checkbox"/> Tax <input type="checkbox"/> CLP <input type="checkbox"/> ITG	

Terms and conditions

1. Review of answer script is not (and should not be) considered as a guidance service or learning assistance.
2. The review process is only meant to check whether:
 - i. any part of the script has been left unmarked by the script examiner; and
 - ii. marks have been correctly counted/calculated and reflected in the results of the examinee.
3. **Please be informed that your answer script will not be reassessed.**
4. Once ICAB has issued its response to this request for review, no further review/correspondence on this matter shall be entertained.

Signature of the Applicant

Date

Please submit the application form to

Controller of Examinations

The Institute of Chartered Accountants of Bangladesh
100 Kazi Nazrul Islam Avenue
Dhaka-1215

N.B.: Application must be submitted within 30 days from the declaration of result. No such application shall be accepted if submitted beyond 30 days time limit.