

**Personal Details**
**Your Master ID**


Given Name

Middle Name

Family Name

Date of Birth

 /  / 1 9 Y Y

Mobile Phone

 ( )

Business Phone

 ( )

Email

Business Name

**Preferred Mailing Address**

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

**I would like to apply for a re-mark for the following EXAM modules**
**Module Name**


Module Code (eg. GI403)

Study Period

**Module Name**


Module Code (eg. GI403)

Study Period

**Module Name**


Module Code (eg. GI403)

Study Period

**Module Name**


Module Code (eg. GI403)

Study Period

**Module Name**


Module Code (eg. GI403)

Study Period

**Module Name**


Module Code (eg. GI403)

Study Period

**Comments**

**Payment Details**
**Re-Mark Fees A\$110 Australia and overseas. NZ \$120 New Zealand.**

Please debit my Credit Card (please tick)

- Amex                       Diners Club  
 Mastercard                 Visa

Card Number

               

Name on Credit Card

Expiry Date

  /  

Signature of Cardholder

A \$

NZ \$

**\*New Zealand residents pay in New Zealand dollars only.**

My fee will be paid by (please tick):

- Cheque / Bankdraft Enclosed

Cheques to be made payable to Australian and New Zealand Institute of Insurance and Finance.

**Privacy Statement**

ANZIIF stores your personal information for the purposes of providing education and membership services, improving and promoting its products and services, and meeting education regulatory reporting and compliance requirements. To review ANZIIF's full privacy policy go to [https:// anziif.com/about/privacy-statement](https://anziif.com/about/privacy-statement)

Many employers support their staff in their studies and are keen to know their progress. ANZIIF on occasions is asked to supply student results to employers. Please indicate if you do not wish to have your results released to your employer for this enrolment by emailing [customerservice@anziif.com](mailto:customerservice@anziif.com), quoting your Master ID, the name of the module and advising that you do not agree to ANZIIF releasing your results to your employer.

**Declaration**

I declare that to the best of my knowledge the information supplied in this enrolment is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my enrolment may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of ANZIIF. I agree to abide by the Statutes, Rules and Regulations of ANZIIF.

Signature

Date

Please return this completed enrolment form with correct enrolment fee to the Australian and New Zealand Institute of Insurance and Finance.

Mail to:                                      Email:  
 Level 18, 1 Nicholson Street          customerservice@anziif.com  
 East Melbourne VIC 3002  
 Australia

This acts as a tax invoice upon payment of the fee.  
 ABN 56 004 320 076