**REQUEST FORM FOR FULL STATEMENT OF RESULTS/DETAIL CORRECTION**

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| **SURNAME** |  | | | | | |
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| **OTHER NAMES** |  | | | | | |
|  |  | | | | | |
| **NRC NUMBER** |  | | | | | |
|  |  | | | | | |
| **ADDRESS** |  | | | | | |
|  |  | | | | | |
| **CELL NUMBER** |  | | | | | |
|  |  | | | | | |
| **NAME OF INSTITUTION** |  | | | | | |
|  |  | | | | | |
| **REASON FOR APPLICATION** |  | | | | | |
|  |  | | | | | |
| **EXAMINATION NUMBER** |  | | | |  | |
|  |  | | | | | |
| **COURSE NAME** |  | | | | | |
|  |  | | | | | |
| **COURSE CODE** |  | |  | |  | |
|  |  | | | | | |
| **DATE APPLIED** |  | | | | | |
|  |  | | | | | |
| **AMOUNT PAID** |  | | | | | |
|  |  | | | | | |
| **SIGNATURE OF AUTHORISING OFFICER AT**  **INSTITUTION** |  | | | | | |
|  |  | | | | | |
| **DATE STAMP** |  | | |  | | |
| **PROCESSING** | | **APPROVED** | | | **NOT APPROVED** |
|  | |  | | |  |
| **DATE STATEMENT TO BE COLLECTED** | |  | | | |
|  | |  | | |  |
| **DATE STATEMENT OF RESULTS COLLECTED/**  **DISPATCHED** | |  | | | |
|  | |  | | |  |
| **SIGNATURE OF CANDIDATE/SENDER** | |  | | | |
|  | |  | | |  |

Kindly attach the following:

1. Copies of your previous Statements of Results
2. Copy of your National Registration Card in case of change of particulars
3. Copy of Affidavit Certificate in case of change of particulars
4. Police report in case of lost Certificate or Statement of Results