Application objection written exam

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| 1. **Personal specifications of candidate** | | |
| Title | Mr | Ms |
| First name |  | |
| Last name |  | |
| Street / No. (private) |  | |
| Postal code / City (private) |  | |
| E-mail |  | |

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| 1. **Exam specifications** | |
| Name of partial written exam |  |
| Certification programme | Choose an element |
| Exam provider | Choose an element |
| Exam date | Click or type to enter a date |
| Date receipt exam result | Click or type to enter a date |

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| 1. **Objection reasons** | |
| Please consult in advance the valid objection reasons in the guidelines for legal remedies. | |
| **Exam question** | **Objection reasons** |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| Question nr. | Enter objection reason |
| **Other objection reasons** | |
| Enter objection reason | |

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| 1. **Confirmation and signature** | |
| With my signature I hereby confirm that the above-mentioned information is correct and that I understand and accept the guidelines for legal remedies. | |
| Place, date:       , Click or type to enter a date | Signature |

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| 1. **Submission** |
| The signed application can be sent via email to banking@saq.ch or by post-mail to:  SAQ Swiss Association for Quality  Ramuzstrasse 15  CH-3027 Bern  You will receive the invoice of CHF 400.- with the confirmation letter after our receipt of this application.  The guidelines for legal remedies can be found on our website <https://www.saq.ch/en/banking-qualifications/> |