



The Institute of  
Chartered Accountants  
of Pakistan

## REQUEST FOR REVIEW OF ANSWER SCRIPT/RESULT

Centralized Registration No. (CRN): \_\_\_\_\_ Examination Session: \_\_\_\_\_

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Contact information: (Landline): \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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

### CFAP & MSA

AFR CLS BMS BFD  
ATX AAS MSA1 MSA2

### CAF & WST

IA IEF BLW BMB FAR1  
TAX FAR2 CMA AUD WST

### AFC

FEN BC  
QMT IT

### Terms and Conditions

- 1) Review of answer scripts/ result is not (and should not be) considered as a guidance service or learning assistance.
- 2) The review process is only meant to check whether:
  - the marking process was free from errors and omissions
  - marks were correctly counted/calculated and reflected in the results of the examinee
- 3) After the issuance of response by ICAP, no further correspondence on this matter will be accepted.

\_\_\_\_\_  
**Signature of the Applicant**

\_\_\_\_\_  
**Date**

Please send/submit the completed form along with proof of payment to [examinations@icap.org.pk](mailto:examinations@icap.org.pk) or:

### **Director Examinations**

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