

# EXAMINATION CREDITS

(Medical Certificate/Death Certificate)



**I·O·L**  
INSTITUTE  
FOR  
OPEN LEARNING

FEB 2024

*Education is the greatest equaliser*

Please complete this form in full.

## INSTRUCTIONS

1. COMPLETE THE FORM IN BLOCK LETTERS
2. SUBMIT THIS FORM FOR PAYMENT TO TRUSTCO FINANCE / TRUSTCO BANK OR
3. MAKE AN ELECTRONIC TRANSFER / DEPOSIT TO:

**BANK DETAILS: TRUSTCO FINANCE**  
**FIRST NATIONAL BANK**  
**ACCOUNT NUMBER: 62122858452**  
**BRANCH CODE: 281872**  
**REFERENCE: STUDENT NUMBERS**

4. RETURN THIS FORM AND PROOF OF PAYMENT TO AN IOL OFFICE/N\$ 380-00 per subject

## RE-MARKED SUBJECT:

NAME SUBJECT:	SUBJECT CODE	COURSE	EXAMINATION APRIL/AUGUST .....
1. ....	.....	.....	.....
2. ....	.....	.....	.....
3. ....	.....	.....	.....
4. ....	.....	.....	.....
5. ....	.....	.....	.....
6. ....	.....	.....	TOTAL N\$ .....

.....	.....	.....
<b>Name &amp; surname (Trustco Finance Official)</b>	<b>Signature</b>	<b>Date</b>

.....	.....	.....
<b>Name &amp; surname (Trustco Finance Official)</b>	<b>Signature</b>	

.....	.....	.....	.....
<b>Name &amp; surname of student</b>	<b>Signature</b>	<b>Date</b>	<b>CIF / Student number</b>

