

STATEMENT OF RESULTS REQUEST FORM



Department of
Education

HOW TO USE THIS FORM:

1. Complete the personal details information below
2. Send the form to payments.ameb@qed.qld.gov.au
3. An AMEB Qld state office employee will be in touch with a BPoint for payment
4. Upon receipt of payment your request will be processed

1. I am a candidate/ parent/ guardian requesting a Statement of Results

Candidate details

Candidate No:	Candidate Name:
---------------	-----------------

Candidate Statement of Results Fee: \$10

2. I am an AMEB Qld enroller requesting a Statement of results

Enroller details

Enroller No:	Enroller Name:
--------------	----------------

Please specify the period of Statement of Results you want to receive:

Period	Fee
One year	\$15
Specific period (please specify):	\$15 for first year + \$10 per additional year

PAYEE DETAILS (for BPoint only)

Name of card holder:	Phone No.:
Email Address:	Date:

Postage details

Address:	Postcode:
----------	-----------

OFFICE USE ONLY

Sale ID:	BPoint No:	BPoint Date:
Receipt No:	Date Payment received:	