



# CHARTERED INSURANCE INSTITUTE OF NIGERIA

## MEMBERSHIP APPLICATION FORM

PASSPORT  
PHOTOGRAPH

SURNAME																				
OTHER NAMES																				

TITLE	PRO	DR	MR	MRS	MISS	MS	DATE OF BIRTH	DAY	MONTH	YEAR
-------	-----	----	----	-----	------	----	---------------	-----	-------	------

PLACE OF BIRTH	MARITAL STATUS
----------------	----------------

NATIONALITY	STATE OF ORIGIN	L.G.A
-------------	-----------------	-------

TELEPHONE NO.	E-MAIL
---------------	--------

PROFESSIONAL QUALIFICATION	PERMANENT CONTACT ADDRESS
----------------------------	---------------------------

ACADEMIC QUALIFICATION	
------------------------	--

OTHER QUALIFICATION	HEAD OFFICE ADDRESS
---------------------	---------------------

PRESENT EMPLOYER	
------------------	--

	PRESENT JOB TITLE/DESIGNATION
--	-------------------------------

NATURE OF BUSINESS	WHEN ATTAINED
--------------------	---------------

LOCAL CHAPTER (STATE)	
-----------------------	--

### EMPLOYMENT HISTORY

COMPANY NAME	POSITION HELD	DATES

**Declaration:** I declare that the Statements made herein are correct to the best of my knowledge and believe and I agree to be governed by the provisions of Act 22 of the Chartered Insurance Institute of Nigeria as they now exist and as may be amended from time to time.

SIGNATURE	DATE
-----------	------

**Referee:** I declare that the above named is an employee of this company and that the above information is correct to the best of my knowledge and belief.

### REFEREE DETAILS

FULL NAMES
POSITION
PHONE NUMBER
SIGNATURE & DATE

HEAD OF DEPT/PERSONNEL MANAGER/AFFIX OFFICIAL STAMP

PLEASE NOTIFY THE MEMBERSHIP DIRECTORATE OF A  
CHANGE IN YOUR STATUS, ADDRESS E.T.C.

## NEXT OF KIN DETAILS

<b>FULL NAMES</b>	
<b>OCCUPATION</b>	
<b>RESIDENTIAL ADDRESS</b>	
<b>TELEPHONE NO.</b>	
<b>RELATIONSHIP</b>	
<b>E-MAIL ADDRESS</b>	

### OTHER REQUIREMENTS

You are requested to submit the following document along with your completed form

- (I) Photocopies of your credentials
- (ii) One recent passport photograph
- (iii) Bank draft/certified cheque or cash (if payment is in person)

### FOR OFFICIAL USE ONLY

<b>DETAIL</b>	<b>DATE</b>
Membership Number	
Category of Membership	
Annual Subscription	
Membership Certificate Issued	