



CHARTERED INSURANCE INSTITUTE OF NIGERIA LAGOS NIGERIA

EXAMINATION ENTRY FORM FOR CERTIFICATE AND DIPLOMA IN INSURANCE

MEMBERSHIP No _____

STUDENTS E-mail _____

														CERTIFICATE (X)			
SURNAME														CF1	INSURANCE, LEGAL AND REGULATORY		AFFIX RECENT PASSPORT PHOTOGRAPH
FIRST NAME														CF2	GENERAL INSURANCE BUSINESS		
MIDDLE NAME														CF3	INSURANCE UNDERWRITING PROCESS		OFFICIAL USE ONLY
DATE OF BIRTH	DAY	MONTH	YEAR	MALE	FEMALE	MR.	MISS	MRS						CF4	INSURANCE CLAIMS HANDLING PROCESS		NAME OF RECEIVING OFFICER & SIGNATURE
														CF5	MOTOR INSURANCE PRODUCTS		
POSTAL ADDRESS														CF6	HOUSEHOLD INSURANCE PRODUCTS		
														CF7	HEALTH CARE INSURANCE PRODUCTS		
EMPLOYER/SCHOOL														DIPLOMA			ANNUAL SUBSCRIPTION
														D01	INSURANCE PRACTICE AND REGULATION		
														D04	BUSINESS PRACTICE		
ADDRESS														D05	INSURANCE LAW		SELF ADDRESSED ENVELOPES
														D10	COMMERCIAL INSURANCE PRACTICE		PASSPORT PHOTOGRAPH
CONTACT PHONE NO														D11	PERSONAL INSURANCE PRACTICE		ELIGIBILITY
														D12	LONG TERM BUSINESS		
CENTRE CODE:	02	03	04	05	07	08	09	10	11	14	15	16	17	D13	MARINE AND AVIATION INSURANCE		
CENTRE NAME:	BENIN	CALABAR	ENUGU	IBADAN	KANO	KADUNA	LAGOS	OWERRI	P.H.	ABUJA	BANJUL	WARRI	KIGALI	D17	OPERATIONAL MANAGEMENT		
CHOICE OF CENTRE (X)														D18	PROPERTY CLAIMS HANDLING		
FEE PAYABLE	ENTRY FEES		SUBJECT FEES		LATE ENTRY FEE		LIBRARY LEVY		A. SUBSCRIPTION			E. LEVY		D19	SUBSIDENCE CLAIMS HANDLING		
AMOUNT PAID														NUMBER OF SUBJECTS			OFFICIAL STATUS
EXEMPTION GRANTED														DECLARATION: I declare that I have read the instruction and that my entries are in accordance with them.			
PREVIOUSLY PASSED																	
REFEREE'S NAME																	
DESIGNATION/ ADDRESS																	
SIGNATURE WITH OFFICIAL STAMP														SIGNATURE/DATE			