

CHARTERED INSURANCE INSTITUTE OF NIGERIA

EXAMINATION ENTRY FORM FOR ADVANCED DIPLOMA IN INSURANCE

STUDENT REG. NO

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SURNAME															
FIRST NAME															
MIDDLE NAME															
DATE OF BIRTH	DAY	MONTH	YEAR	MALE	FEMALE	MR.	MISS	MRS							
POSTAL ADDRESS															
EMPLOYER/SCHOOL															
ADDRESS															
CONTACT PHONE NO:															
CENTRE CODE:	02	03	04	05	07	08	09	10	11	14	15	16			
CENTRE NAME:	BENIN	CALABAR	ENUGU	IBADAN	KANO	KADUNA	LAGOS	OWERRI	P.H.	ABUJA	BANJUL	WARRI			
CHOICE OF CENTRE (X)															
FEE PAYABLE	ENTRY FEES			SUBJECT FEES			LATE ENTRY		A. SUBSCRIPTION			E. LEVY		LIB. LEVY	
AMOUNT PAID															
EXEMPTION GRANTED															
PREVIOUSLY PASSED															
REFEREE'S NAME															
DESIGNATION/ ADDRESS															
SIGNATURE WITH OFFICIAL STAMP															

			(X)
A510	RISK REGULATION AND CAPITAL ADEQUACY (Compulsory)		
A520	COMPANY AND CONTRACT LAW		
A530	BUSINESS AND ECONOMICS		
A655	RISK MANAGEMENT		
A735	LIFE ASSURANCE (Compulsory)		
A745	PRINCIPLES OF PROPERTY AND PECUNIARY INSURANCE (Compulsory)		
A755	LIABILITY INSURANCE		
A765	MOTOR INSURANCE		
A765	PRINCIPLES OF MARINE INSURANCE		
A780	AVIATION INSURANCE		
A785	PRINCIPLES OF REINSURANCE		
A825	APPLICATION OF REINSURANCE		
A930	INSURANCE BROKING		
A935	MANAGEMENT		
A940	FINANCE AND ACCOUNTING		
A945	MARKETING		
NUMBER OF SUBJECTS			

AFFIX RECENT PASSPORT PHOTOGRAPH
OFFICIAL USE ONLY
NAME OF RECEIVING OFFICER & SIGNATURE
ANNUAL SUBSCRIPTION
BUILDING LEVY
SELF ADDRESSED ENVELOPES
PASSPORT PHOTOGRAPH
ELIGIBILITY
OFFICIAL STATUS

DECLARATION: I declare that I have read the instruction and that my entries are in accordance with them.

SIGNATURE/DATE