

## APPLICATION FORM FOR INSURANCE CLASSES

<b>NAME</b>	
<b>MAILING ADDRESS</b>	
<b>STREET ADDRESS</b>	
<b>E-MAIL ADDRESS</b>	
<b>TELEPHONE NO.</b>	(W) (H) (C)
<b>PLACE OF EMPLOYMENT</b>	
<b>EMPLOYER'S ADDRESS</b>	
<b>INSURANCE QUALIFICATION(S)</b>	
<b>OTHER QUALIFICATION(S)</b>	
<b>MEMBER OF THE CII</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Course Selection

Course No.	Course Name	Cost	Examination Sitting April or October/ Year

### For Official Use Only

Student No. :  
 Total Cost :  
 Amount Paid :  
 Balance Due :  
 Registration Term :