

Reference:
(CII use only)



Please refer to the Notes & Fees for Membership leaflet that accompanies this form.

Membership Application Form

Section A – Personal details

(Please complete all fields – it is essential we have your email address as this is our main channel of contact with you)

Please give your CII permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/Ms Surname

Forenames Date of birth

Daytime tel Mobile

email

For every email address we receive, we will donate 10p towards Trees for Life reforestation programme in the Scottish Highlands. (see note 1)

Employer name

Job title

Work address

Postcode Country

Home address

Postcode Country

Address to be used for correspondence Home Work

Please tick one box per category

Type of organisation

General Insurance

Insurance company

Broker/Intermediary

Reinsurance company/broker

Loss adjuster/
Loss assessor

Bank/Building society

Consultancy

Legal

Lloyds

Other

Area of work

Advising clients

Underwriting

Finance

Product selling to advisers

HR/Training

Compliance

Broking

Claims/Loss adjusting

Technical adviser

Mortgages

Risk Management/Surveying

Other

Sales/Marketing

Claims

Administration/Processing

Job category

Administrative

Technical

Advisory

Supervisory/Controller

Middle management
(Branch, Office, Dept)

Senior management
(General, Head of)

Executive
(CEO, Director)

Business owner

Other

Section B – Local/regional options

You will be allocated to a local institute of your choice. Please give your preference below. (see note 3).

I would like to join (where applicable):

You are able to join one faculty for free. Please give your faculty preference here (see note 2)

