

Reference:
(CII use only)



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

SMP 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

e-mail

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

- a) **General Insurance**
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Broker/Intermediary | <input type="checkbox"/> Reinsurance company/broker | <input type="checkbox"/> Loss adjuster/ Loss assessor |
| <input type="checkbox"/> Bank/Building society | <input type="checkbox"/> Consultancy | <input type="checkbox"/> Legal | <input type="checkbox"/> Lloyds |
| <input type="checkbox"/> Other | | | |
- b) **Mortgage**
- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Mortgage intermediary/adviser | <input type="checkbox"/> Network | <input type="checkbox"/> Packager | <input type="checkbox"/> Estate Agent |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Building Society | <input type="checkbox"/> Specialist lender | <input type="checkbox"/> Other |
- Area of work**
- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Advising clients | <input type="checkbox"/> Underwriting | <input type="checkbox"/> Finance | <input type="checkbox"/> Product selling to advisers |
| <input type="checkbox"/> HR/Training | <input type="checkbox"/> Compliance | <input type="checkbox"/> Broking | <input type="checkbox"/> Claims/Loss adjusting |
| <input type="checkbox"/> Technical adviser | <input type="checkbox"/> Mortgages | <input type="checkbox"/> Risk Management/Surveying | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Claims | <input type="checkbox"/> Administration/Processing | |
- Job category**
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Technical | <input type="checkbox"/> Advisory | <input type="checkbox"/> Supervisory/Controller |
| <input type="checkbox"/> Middle management (Branch, Office, Dept) | <input type="checkbox"/> Senior management (General, Head of) | <input type="checkbox"/> Executive (CEO, Director) | <input type="checkbox"/> Business owner |
| <input type="checkbox"/> 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)

