



Chartered
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Enrolment for the Fellowship Programme

Important notes:

Please complete all sections of this form in BLOCK CAPITALS. If you require any assistance or advice when completing this form please call CustomerService on+44 (0)20 8530 0819 or email societies.fas@cii.co.uk

Once completed, return to:

**The Chartered Insurance Institute Fellowship Advisory Service (FAS),
42-48 High Road, South Woodford, London E18 2JP.**

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/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/ Ms/Other Surname/ Family name

Forenames/ Given name(s)

Preferred name for CII communications

Gender (Please tick) Male Female Date of birth

Daytime tel Mobile

Employer name

Job title

Work address

Postcode Country

Home address

Postcode Country

email

Please take care when providing your email address as most correspondence will be sent electronically.

Tick address to be used for correspondence (Please tick) Home Work

