

THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
APPLICATION for ELEVATION TO FELLOWSHIP

ELE FELLOW

PLEASE USE **BLOCK CAPITALS**

Surname Mr/Mrs/Ms

Forenames Date of Birth

Home Address

Postcode Tel. No.

Current Employers Name
Business Address (for all correspondence)
Postcode Country
Tel. No. Fax No.

Date of commencement of employment with the above

| Name(s) & address(es) of employer(s) covering the period since you were elected to Associateship | Dates |
|--|----------------------|
| <input type="text"/> | <input type="text"/> |

Academic Qualifications
Professional Qualifications

Date of election to Associateship of the CILA

I apply for elevation to **FELLOWSHIP** of the CILA and **I declare** that the above statements are true and that I am willing to be bound by the Charter and Bye-Laws of the Institute. My CPD record is attached.

Signature _____ Date _____

The following declaration must be signed by a **FELLOW** of the Institute

I **declare** that the above applicant is engaged in the work of a loss adjuster as defined in the Charter of the CILA and that, to the best of my knowledge and belief, all statements on this form are true. I recommend him/her for elevation to **FELLOWSHIP**.

Signature _____ Date _____

Name _____

When completed this form, send together with your record of CPD covering your practice as an Associate to:

CILA, Warwick House, 65-66 Queen Street, London EC4R 1EB