



THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
APPLICATION for ELEVATION TO FELLOWSHIP

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

Employer	Dates
<input type="text"/>	<input type="text"/>

Please confirm that you have been engaged as a Loss Adjuster with a Chartered Loss Adjusting Firm or Practice for a continuous period of at least 5 out of the 6 years immediately preceding this application

Academic Qualifications
Professional Qualifications

Date of election to Associateship of the CIL A

I apply for elevation to **FELLOWSHIP** of the CIL A 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 CIL A 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:

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