



CANDIDATE EXAMINATION ENTRY FORM

The Chartered Institute of Loss Adjusters

2012 OCTOBER ASSOCIATESHIP EXAMINATIONS

Please complete IN BLOCK CAPITALS

Please complete BUSINESS ADDRESS:

Form with fields for (CANDIDATE'S NAME AND HOME ADDRESS), (EMPLOYER'S NAME AND ADDRESS), (TELEPHONE), and (FAX)

CANDIDATE NUMBER

Empty box for candidate number

ENTER QUALIFICATIONS:

Empty box for qualifications

On request your exam results will be notified to your employer. If you do not wish your results to be disclosed please mark X in the box.

Empty box for disclosure preference

NOTE : You must choose which discipline you are entering for subject C3. This choice will not be available at the time of the examination.

Table with columns CREDIT, ENTRY, and SUBJECT. SUBJECT includes CORE PAPERS and various insurance/claims topics.

IF YOU ARE APPLYING FOR AN EXEMPTION FROM C1, OR IF THIS IS THE FIRST TIME THAT YOU ARE ENTERING THE CILA ASSOCIATESHIP EXAMINATION YOU MUST ATTACH EVIDENCE OF YOUR PROFESSIONAL QUALIFICATIONS AS DETAILED IN THE EXAMINATION HANDBOOK.

I declare that I have completed two years in practice as a Loss Adjuster in accordance with the Charter and Bye Laws. I have read the Examination Handbook and I am aware of the dates on which the examinations are scheduled.

Examination entry/exemption fee £75 per subject. This form must be returned to:

FEE ENCLOSED

£

Empty box for fee amount

CILA, 2nd Floor, Warwick House, 65 - 66 Queen Street, London EC4R 1EB

PREFERRED EXAMINATION CENTRE

Empty box for preferred examination centre

not later than 31 JULY 2011

The Institute cannot guarantee your choice. Centres depend on numbers and availability.

SIGNATURE

Empty box for signature

DATE

Empty box for date