

THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
APPLICATION for REGISTRATION AS AN ORDINARY MEMBER

ORDINARY MEMBERSHIP.doc

PLEASE USE **BLOCK CAPITALS**

Surname Mr/Mrs/Ms

Forenames Date of Birth

Home Address
(for Exam results)

Postcode

Tel. No.

Home Email

Company Name

Business Address
(for all
correspondence)

Postcode

Country

Tel. No.

Fax No.

Business Email

Date of commencement of employment with the above

Details of previous
experience

Employer

Dates

Academic Qualifications

Professional Qualifications
(enclose copies of Certificates)

I **declare** that the above statements are true, my employment meets the criteria contained in the Charter (see over) and I am willing to be bound by the Charter and Bye-Laws of the Institute.

Signature _____ Date _____

The following declaration must be signed by a **Qualified Member** of the Institute who is a principal of the firm employing the applicant, or by the Chief Executive of the firm employing the applicant.

I **declare** that the above applicant is engaged in the work of a loss adjuster as defined in the Charter of The Chartered Institute of Loss Adjusters (see over) and that, to the best of my knowledge and belief, all statements on this form are true.

Signature _____ Date _____

Name _____

When completed this form should be sent with a cheque for **£30** (with effect from 1st January, 2007) to:

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

EXTRACT from CHARTER & BYE LAWS

Article 3

Membership of the Institute shall be open to:-

- (i) persons engaged as independent loss adjusters in a loss adjusting practice, firm or company, and**
- (ii) persons engaged in other capacities in the practice of independent Loss Adjusting**

In this Our Charter and in the Bye-Laws a loss adjusting practice, firm or company shall be one in which the primary business is the investigation management quantification validation and resolution of losses..... .