



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

PLEASE USE **BLOCK CAPITALS**

Surname	<input type="text"/>	Mr/Mrs/Ms	<input type="text"/>
Forenames	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address (for Exam results)	<input type="text"/>		
	Postcode	Tel. No.	
Home Email	<input type="text"/>		
Company Name	<input type="text"/>		
Business Address (for all correspondence)	<input type="text"/>		
	Postcode	Country	
	Tel. No.	Fax No.	
Business Email	<input type="text"/>		
Date of commencement of employment with the above	<input type="text"/>		

Please confirm that the above company is a chartered loss adjusting practice by ticking this box

Employer	Dates
Details of previous experience	

Academic Qualifications

Professional Qualifications  
(enclose copies of Certificates)

Please confirm that your predominant activity is the investigation, management, quantification, validation and resolution of Property, Casualty or any other losses (whether insured or not) arising from any contingency and the reporting thereof, by ticking this box

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** to:

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

## **EXTRACT from CHARTER & BYE LAWS**

### **Article 4**

**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**
- (iii) persons engaged in other situations who fulfil the criteria of an Ordinary or Student Member, or are Diploma Holders, Certified Loss Adjusters, Licentiates, Associates or Fellows of the Institute.**

**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..... .**