



**THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
APPLICATION for ELECTION TO ASSOCIATESHIP**

PLEASE USE **BLOCK CAPITALS**

Surname Mr/Mrs/Ms

Forenames Date of Birth

Home Address

Postcode Tel. No.

Company Name

Business Address (for all correspondence)

Postcode Country
Tel. No. Fax No.

Date of commencement of employment with the above

Details of previous experience

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

Academic Qualifications

Professional Qualifications (enclose copies of Certificates)

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.

Signature _____ Date _____



The following declaration must be signed by **two FELLOWS** of the Institute.

We 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 and that, to the best of our knowledge and belief, all statements on this form are true. We recommend him/her for election as an **Associate**.

Signature _____ Name _____ Date _____

Signature _____ Name _____ Date _____

When completed this form should be sent to:

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