



THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
APPLICATION for RE-ADMISSION TO ASSOCIATESHIP

RE-AD ASSOC

PLEASE USE **BLOCK CAPITALS**

Surname Mr/Mrs/Ms

Forenames Date of Birth

Home Address

Postcode Tel. No.

Current Employer's 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	Dates
<input type="text"/>	<input type="text"/>

Academic Qualifications
Professional Qualifications

Date of election to Associateship of the CILA

I apply for re-admission to **ASSOCIATESHIP** of the CILA 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.

Signature _____ Date _____

The following declaration must be signed by a **FELLOW** of the Institute



THE CHARTERED INSTITUTE
OF LOSS ADJUSTERS

I **declare** that, to the best of my knowledge and belief, all statements on this form are true. I recommend him/her for re-admission to **ASSOCIATESHIP**.

Signature _____ Date _____

Name _____

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

THE CHARTERED INSTITUTE OF LOSS ADJUSTERS
Warwick House, 65-66 Queen Street, London EC4R 1EB
Email: info@cila.co.uk
Website: www.cila.co.uk