



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

PLEASE USE **BLOCK CAPITALS**

Surname  Mr/Mrs/Ms

Forenames  Date of Birth

Home Address   
  
  
Postcode  Tel. No.

Current Employers 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   

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

Academic Qualifications   
Professional Qualifications

Date of election to Associateship of the CIL A

I apply for re-admission to **FELLOWSHIP** of the CIL A 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

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 **FELLOWSHIP**.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

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