



CANDIDATE ENTRY FORM

The Chartered Institute of Loss Adjusters

**ACCREDITATION FOR CHARTERED STATUS
2014 ASSOCIATESHIP EXAMINATIONS**

CANDIDATE'S FULL NAME

(HOME ADDRESS)

(EMPLOYER'S NAME & ADDRESS)

EXAMINATION NUMBER

(If known)

On request your exam results will be notified to your employer. If you do not wish your results to be disclosed please mark X in the box

I confirm that I have credits in the CORE PAPERS C1, C2 & C3

and I apply for ACCREDITATION FOR CHARTERED STATUS (ACS).

My chosen discipline for the Critical Analysis is.....

(see list of options in Examination Handbook)

Please enter the CILA Area where you would like your ACS interview to take place.

If you are outside the UK please enter OS.

I confirm that I have read the Examination Handbook including the ACS Regulations.

I enclose: the fee of £150, and
a passport size photograph.

Signed

Date

This form must be returned, together with a passport size photograph, to:

Malcolm Hyde, 51-55 Gresham Street, London EC2V 7HQ

THE CHARTERED INSTITUTE OF LOSS ADJUSTERS

51-55 Gresham Street, London EC2V 7HQ

Email: info@cila.co.uk

Website: www.cila.co.uk