



**THE CHARTERED INSTITUTE OF LOSS ADJUSTERS**  
**APPLICATION for ELEVATION 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"/>

**Please confirm that you have been engaged as a Loss Adjuster with a Chartered Loss Adjusting Firm or Practice for a continuous period of at least 5 out of the 6 years immediately preceding this application**

Academic Qualifications   
Professional Qualifications

Date of election to Associateship of the CILA

I apply for elevation to **FELLOWSHIP** 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. My CPD record is attached.

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



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

**I declare** that the above applicant is engaged in the work of a loss adjuster as defined in the Charter of the CIL A and that, to the best of my knowledge and belief, all statements on this form are true. I recommend him/her for elevation to **FELLOWSHIP**.

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

Name \_\_\_\_\_

When completed this form, send together with your record of CPD covering your practice as an Associate to:

**CIL A, 51-55 Gresham Street, London EC2V 7HQ**