



CHARTERED  
INSURANCE  
INSTITUTE OF GHANA

**CORPORATE REGISTRATION FORM**

DATE OF REGISTRATION: \_\_\_\_\_  
DD / MM / YY

**COMPANY NAME**

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**YEAR OF  
ESTABLISHMENT**

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**PHYSICAL LOCATION**

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**POSTAL ADDRESS**

-----

**OFFICIAL EMAIL  
ADDRESS**

-----

**CONTACT NUMBER(S)**

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**NO. OF STAFF WHO ARE  
MEMBERS & THEIR  
QUALIFICATIONS**

FELLOWS -----

ASSOCIATES -----

STUDENTS -----

ORDINARY -----

**PRINCIPAL OFFICERS &  
THEIR QUALIFICATIONS**

(1)-----

(2)-----

(3)-----

NAME OF OFFICER: .....

SIGNATURE: .....

DATE: .....

**Tel: 0303 970 295**

**Email: [info@ciig.edu.gh](mailto:info@ciig.edu.gh) / [iig.edu.gh@gmail.com](mailto:iig.edu.gh@gmail.com)**