



CHARTERED
INSURANCE
INSTITUTE OF GHANA

INDIVIDUAL REGISTRATION FORM

DATE OF REGISTRATION: _____

DD / MM / YY

FULL NAME

.....

DATE OF BIRTH

(dd/mm/yy)

.....

COMPANY NAME & BRANCH

LOCATION

.....

POSITION IN COMPANY

.....

POSTAL ADDRESS

.....

PERSONAL

EMAIL ADDRESS

.....

CONTACT NUMBER(S)

.....

PROFESSIONAL QUALIFICATION

(FCII/ACII/STUDENT/OTHER)

.....

YEAR OF QUALIFICATION

.....

NUMBER OF YEARS WORKING

IN THE INSURANCE INDUSTRY

.....

AREA OF SPECIALIZATION

(Reinsurance, Life, Loss

Adjustment, etc.)

.....

SIGNATURE:

DATE:

Tel: 0303 970 295

Email: info@ciig.edu.gh / iig.edu.gh@gmail.com