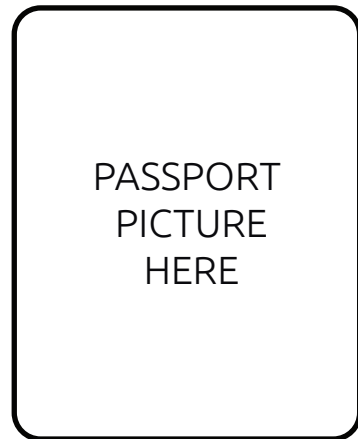




**CHARTERED  
INSURANCE  
INSTITUTE OF  
GHANA LBG**



## INDIVIDUAL MEMBERSHIP APPLICATION

DATE OF APPLICATION: .....

### A. PERSONAL DETAILS

TITLE:	SURNAME:	FIRST NAME:
OTHER NAMES:		
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH:	AGE:
MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPERATED <input type="checkbox"/>	*IF MARRIED NAME OF SPOUSE	
PERSONAL EMAIL ADDRESS:	OFFICIAL EMAIL ADDRESS:	
PERSONAL TELEPHONE NUMBER:		
NATIONALITY:	HOME / RESIDENTIAL ADDRESS:	
PARENTS: MOTHER'S NAME:	DATE OF BIRTH:	AGE:
FATHER'S NAME:	DATE OF BIRTH:	AGE:

### B. QUALIFICATIONS AND MEMBERSHIP CATEGORY

#### 1. INSURANCE PROFESSIONAL QUALIFICATION

a. FELLOW <input type="checkbox"/> YEAR QUALIFIED:	b. ADVANCED DIPLOMA <input type="checkbox"/> YEAR QUALIFIED:
c. DIPLOMA <input type="checkbox"/> YEAR QUALIFIED:	d. CERTIFICATE <input type="checkbox"/> YEAR QUALIFIED:
e. OTHER – SPECIFY	
i. STUDENT <input type="checkbox"/> DURATION: START DATE	COMPLETION DATE
ii.	

ADD CERTIFIED TRUE COPY OF YOUR CERTIFICATES

#### 2. OTHER PROFESSIONAL QUALIFICATIONS

i.
ii.
iii.

ADD CERTIFIED TRUE COPY OF YOUR CERTIFICATES

#### 3. ACADEMIC QUALIFICATIONS

i.
ii.
iii.

ADD CERTIFIED TRUE COPY OF YOUR CERTIFICATES

#### 4. MEMBERSHIP CATEGORY APPLIED

a. Fellow (FCIIG) <input type="checkbox"/>	b. Honorary Fellow (HFCIIG) <input type="checkbox"/>	c. Associate (ACIIG) <input type="checkbox"/>
d. Diploma (DipCIIG) <input type="checkbox"/>	e. Certificate (CertCIIG) <input type="checkbox"/>	
f. Affiliate <input type="checkbox"/>	g. Student <input type="checkbox"/>	

## C. EMPLOYMENT INFORMATION:

CURRENT EMPLOYER / OCCUPATION:

LOCATION OF WORK (HEAD OFFICE OR BRANCH):

REGION OF WORK:

POSITION AND TITLE IN COMPANY:

ARE YOU PRINCIPAL OFFICER? YES  NO

EMPLOYER POSTAL ADDRESS:

EMPLOYER EMAIL ADDRESS:

EMPLOYER CONTACT TELEPHONE NUMBER(S)

YEARS OF WORK EXPERIENCE IN INSURANCE INDUSTRY:

YEARS OF WORK EXPERIENCE OUTSIDE INSURANCE INDUSTRY, IF ANY:

AREA OF SPECIALIZATION:

- a. BROKERAGE
- b. LIFE INSURANCE/ADD TECHNICAL AREA I.E. (UNDERWRITING, CLAIMS ETC.)
- c. HEALTH INSURANCE (UNDERWRITING, HSP RELATIONS, CLAIMS ETC.)
- d. GENERAL INSURANCE/ADD TECHNICAL AREA I.E. (UNDERWRITING, CLAIMS ETC.)
- e. REINSURANCE/ADD TECHNICAL AREA – I.E. LIFE OR GENERAL INSURANCE
- f. PENSIONS
- g. MICROINSURANCE
- h. LOSS ADJUSTMENT
- i. INSURANCE REGULATIONS: NIC, NHIA, NPRA
- j. INSURANCE EDUCATION: GHANA INSURANCE COLLEGE ETC.
- k. OTHER: SPECIFY:

## D. REFERENCE IN RESPECT OF FELLOWSHIP APPLICATIONS

1. Name:.....

CIIG Mem. PIN: ..... Signature: ..... Date: .....

2. Name:.....

CIIG Mem. PIN: ..... Signature: ..... Date: .....

## E. DECLARATION

I ..... declare that, the information I have provided on this Application for CIIG Membership and all the documents hereby submitted with my application are true, accurate and complete. I agree that my membership shall be declined or withdrawn after my Admission if any material information provided is confirmed to be false.

## F. SIGNATURE AND DATE

Signature .....

Date: .....

## G. CIIG SECRETARIAT USE ONLY:

• Date Received: .....

• Received by:.....

• Membership Application Assessed By: .....

• Acceptance Decision:

**Additional Information Required:** Specify in a letter to applicant

**Not-Accepted** – Inform applicant in writing and provide reasons

**Accepted** – CIIG Admission Letter to applicant to pay Admission fee and subscription.

Subscription is payable via Bank transfer, cheque and Mobile money. Cash is not acceptable.

**Admission Fee and Subscription paid:** Congratulatory Letter to the new Member signed by the President

• Membership Database Update:

Date: ..... Updated By: ..... Filed By: .....

Location: Insurance Place, 67 Independence Avenue | P. O. Box CT 7146, Cantonments, Accra, Ghana

Email: info@ciig.edu.gh | Website: www.ciig.edu.gh | GPS Location: GA-016-9180

Telephone: +233 (0) 30 397 0295 | RGD Registration: CGO91172017

Bankers: Cal Bank