



CAIB REGISTRATION FORM

Legal Name Please print clearly in block letters.

(First Name)	(Middle Initials)	(Last Name)

Work Telephone ()	
Work Email	
Brokerage Firm (if applicable)	
Mailing Address	
City	Postal Code

Home Telephone ()	
Home Email	
Mailing Address	
City	Postal Code

If Paying By Credit Card \$ _____	
I hereby authorize IBABC to charge my <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Amex	
Card Number	Expires
Name on Card	
Signature	

Student No.	Book Issued
Entered	Info Given


For IBABC office use only

Payment by personal cheque is subject to a 14 day holding period.
If successful in the examinations, and if elected by the IBABC Board of Directors to be awarded the designation *Canadian Accredited Insurance Broker*, I hereby certify that I meet the prescribed qualifications, that I am an employee of an insurance brokerage and that I agree to abide by such other requirements as may be established by the Insurance Brokers Association of Canada and the Insurance Brokers Association of BC from time to time as they see fit.

Date _____ Student Signature _____

Mail or fax this form to the education department at:

Insurance Brokers Association of B.C.
 1300 - 1095 West Pender Street
 Vancouver, BC V6E 2M6
 Fax: (604) 683-8497 Web: www.ibabc.org



	CAIB 1	CAIB 2	CAIB 3	CAIB 4	Preferred exam location (city)	Preferred exam date (or TBA)
SELF STUDY Includes textbook, study guide, resource guide, practice exam with markers guide and examination fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ONLINE DISCUSSION GROUP Includes textbook, study guide, resource guide, practice exam with markers guide and examination fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IMMERSION COURSE Includes textbook, study guide resource guide, practice exam with markers guide and examination fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EXAM ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EXAM RE-WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
EXAM DEFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Please be advised that a blank exam date will be registered as TBA (to be announced)