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| No. | Exam No.: | Exam Location: | Amount Paid: |
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THE INSURANCE BROKERS ASSOCIATION OF BRITISH COLUMBIA

CCIB REGISTRATION FORM

47

THE CANADIAN CERTIFIED INSURANCE BROKER

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|--|---------------|
| LAST NAME | FIRST NAME(S) |
| TEL. BUS. () | TEL. RES. () |
| FAX NUMBER | E-MAIL |
| BROKERAGE | |
| BUSINESS ADDRESS | |
| POSTAL CODE | |
| HOME ADDRESS | |
| POSTAL CODE | |
| MY FIRM IS A MEMBER IN GOOD STANDING OF THE INSURANCE BROKERS ASSOCIATION OF B.C. <input type="radio"/> YES <input type="radio"/> NO | |
| IS THIS THE FIRST TIME YOU HAVE ENROLLED FOR A CCIB EXAM? <input type="radio"/> YES <input type="radio"/> NO IF NO, YEAR & PROVINCE | |

PLEASE REGISTER ME FOR THE:

ESSAY QUESTIONNAIRE

SHORT ANSWER QUESTIONNAIRE

ORAL EXAM

COMPLETION OF THE CAIB OR AIIC/FIIC PROGRAMS IS RECOMMENDED BEFORE ATTEMPTING THE CCIB EXAMINATIONS.

I am a graduate of the CAIB _____ or AIIC/FIIC _____ program.

I enclose my cheque or money order (PAYABLE TO IBABC) for \$ _____

Please send tax receipt as I will not be reimbursed by my employer.

If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded the designation of "Canadian Certified Insurance Broker," I hereby certify that I meet the prescribed qualifications, that I am an employee of a member property and casualty insurance brokerage and that I agree to abide by such other requirements as outlined in the Terms of Reference (contact IBABC for details) and as may be established by the Insurance Brokers Association of Canada and the Insurance Brokers Association of B.C. from time to time as they see fit.



Dated: _____ Signed: _____