



Canadian Professional Insurance Broker

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

| | | |
|-------------|----------|------------------|
| Student No. | Textbook | Self-Study Guide |
| Entered | Workbook | |

For IBABC office use only

If Paying By Credit Card \$ _____

I hereby authorize IBABC to charge my Visa MasterCard
 Amex

Card Number Expires


Name on Card

Signature

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



| | L & E Law & Ethics | CM Claims Management | ACL Advanced Commercial Lines | APL Advanced Personal Lines | BS Business Strategies | CAIB or AIIC/CIP designations are a prerequisite. Please provide a CAIB date of graduation or a copy of a AIIC/CIP diploma. | |
|-------------------|--------------------------|--------------------------|----------------------------------|--------------------------------|---------------------------|---|------------------------------|
| SELF STUDY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preferred exam location (city) | Preferred exam date (or TBA) |
| EXAM ONLY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preferred exam location (city) | Preferred exam date (or TBA) |
| EXAM RE-WRITE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preferred exam location (city) | Preferred exam date (or TBA) |
| EXAM DEFERRAL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preferred exam location (city) | Preferred exam date (or TBA) |
| ELECTIVE TRANSFER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Preferred exam location (city) | Preferred exam date (or TBA) |