



CAIB

REGISTRATION FORM

(To register for the online exam use ibabc.org)

License number (mandatory, if applicable)

Please print clearly.

Legal Name

(First Name)

(Middle Initials)

(Last Name)

Work Telephone

Work Email

Brokerage Firm (if applicable)

Brokerage Address

City

Postal Code

Home Telephone

Home Email

Home Address

City

Postal Code

If Paying By Credit Card

I hereby authorize IBABC to charge my

Amex

Visa

MasterCard

\$ _____

Card Number

Expiry Date

Name on Card

Signature

Student No.

Book Issued

Entered

Info Given

For IBABC office use only

Payment by personal or post-dated cheque is NOT permitted.

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 pre-scribed 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 _____

Email or fax this form to the education department at:

Insurance Brokers Association of B.C.
1600 - 543 Granville Street
Vancouver, BC V6C 1X8

Email: scoles@ibabc.org Fax: 604-683-8497



CAIB 1 CAIB 2 CAIB 3 CAIB 4

TEXTBOOK ONLY Includes textbook, study guide, resource guide, practice exam and markers guide
\$295 member | \$395 non-member

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PAPER EXAM ONLY
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\$75 member | \$75 non-member

List of approved cities for paper exam
Vancouver Abbotsford Castlegar Kelowna Kamloops
Victoria Campbell River Prince George

Choose an exam city from list above:

For immersion class dates please see website
Preferred exam date (choose one)

MAY 8 2019

SEPTEMBER 18 2019

DECEMBER 4 2019

TBA (To Be Announced)

Please email Susan at scoles@ibabc.org

*Please be advised: All fees include GST. This form cannot be used to register for online exams.
Paper exam fees are not transferable to online exams.