



# The Malaysian Insurance Institute

No. 5 Jalan Sri Semantan Satu, Damansara Heights, 50490 Kuala Lumpur  
Tel : 03 – 2087 8882 Fax : 03 – 20939468 Internet: [www.insurance.com.my](http://www.insurance.com.my)

**YEAR 2008**

## APPLICATION FOR

### Basic Certificate Course in Insurance Broking (BCCIB) & Intermediate Certificate Course in Insurance Broking (ICCIB)

#### FOR RESIT CANDIDATE

(Please tick ✓)

Yes, I am applying to resit the examination

Date of previous examination

Center

#### FOR OFFICE USE

- Data posted
- New  Resit

Remarks : \_\_\_\_\_

1. Name of Candidate

2. NRIC No. (New)

(Old)

3. Principle company

4. Correspondence Address

Postcode

State

5. Tel. No (O)

Fax

email

H/P

#### TRAINING PROGRAMMES (Please fill in the following information - Please tick ✓)

**Basic Certificate Course in Insurance Broking (BCCIB)**

Moderator's / Trainer's name :

Date:

Training Centre:

**Intermediate Certificate Course in Insurance Broking (ICCIB)**

Moderator's / Trainer's name :

Date:

Training Centre:

I would like to apply for the following examination (Please tick ✓)

#### Basic Certificate Course in Insurance Broking (BCCIB)

Assessment Dates :

22 Mar 08

24 May 08

23 Aug 08

22 Nov 08

#### Intermediate Certificate Course in Insurance Broking (ICCIB)

Assessment Dates :

28 Jun 08

13 Dec 08

Enclosed is a Postal Order / Money Order / Bankdraft no. \_\_\_\_\_ in favour of **The Malaysian Insurance Institute** being payment of the Examination fee.

RM70.00 (BCCIB)

RM120.00 (ICCIB)

Singature of Candidate \_\_\_\_\_

Date



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## APPLICATION FOR REASSESSMENT

### Basic Certificate Course in Insurance Loss Adjusting (BCCILA) & Intermediate Certificate Course in Insurance Loss Adjusting (ICCILA)

(Please tick ✓)

Yes, I am applying for reassessment

Date of previous assessment

Center

FOR OFFICE USE

• Data posted   
 •  New  Resit

Remarks : \_\_\_\_\_  
 Receipt No : \_\_\_\_\_

1. Name of Candidate

2. NRIC No. (New)     
 (Old)

3. Principle company

4. Correspondence Address  
  
  
  
 Postcode  State

5. Tel. No (O)  Fax   
 email  H/P

#### TRAINING PROGRAMMES ATTENDED (Please fill in the following information - Please tick ✓)

**Basic Certificate Course in Insurance Loss Adjusting (BCCILA)**

Moderator's / Trainer's name :

Date:    Training Centre:

**Intermediate Certificate Course in Insurance Loss Adjusting (ICCILA)**

Moderator's / Trainer's name :

Date:    Training Centre:

I would like to apply for the following examination (Please tick ✓)

**Basic Certificate Course in Insurance Loss Adjusting (BCCILA)**

Assessment Dates :  1 Mar 08  26 Apr 08  23 Aug 08  8 Nov 08

**Intermediate Certificate Course in Insurance Loss Adjusting (ICCILA)**

Assessment Dates :  12 Jul 08  13 Dec 08

Enclosed is a Postal Order / Money Order / Bankdraft no. \_\_\_\_\_ in favour of **The Malaysian Insurance Institute** being payment of the assessment fee for :-

RM70.00 (BCCILA)  RM120.00 (ICCILA)

Singature of Candidate \_\_\_\_\_

Date