



# CHARTERED INSURANCE INSTITUTE OF NIGERIA

## INDUCTION SCREENING FORM

SURNAME: .....

OTHER NAMES: .....

MEMBERSHIP NO.(PIN): .....

COMPANY:.....

ADDRESS: .....

GSM: ..... E-MAIL .....

### RECORD OF COURSES PASSED

Complete the table below and submit the printout of results (including Letters of exemption/conversion where applicable).

COURSE CODE	GRADE	DIET	YEAR	REMARKS	FOR OFFICIAL USE
<b>CERTIFICATE</b>					
CF1				COMPULSORY	
CF2				COMPULSORY	
CF...					
<b>DIPLOMA</b>					
D04				COMPULSORY	
D05				COMPULSORY	
D...					
<b>ADVANCED DIPLOMA</b>					
A510				COMPULSORY	
A735				COMPULSORY	
A745				COMPULSORY	
A.....					
A.....					
A.....					

.....  
Signature/Date