



CHARTERED INSURANCE INSTITUTE OF NIGERIA

INDUCTION SCREENING FORM

SURNAME:

OTHER NAMES:

MEMBERSHIP NUMBER (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
CERTIFICATE/FOUNDATION					
CF1 (F01)				COMPULSORY	
CF2 (F02)				COMPULSORY	
CF... (F0...)					
DIPLOMA/INTERMEDIATE					
D04 (I04)				COMPULSORY	
D05 (I01)				COMPULSORY	
D... (I...)					
ADVANCED DIPLOMA					
A510 (A01)				COMPULSORY	
A735 (A05)				COMPULSORY	
A745 (A04)				COMPULSORY	
A...					
A...					
A...					

.....
Signature/Date