



CHARTERED INSURANCE INSTITUTE OF NIGERIA

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YEAR 2024 NITE OF TALENTS

INDICATION OF INTEREST TO PARTICIPATE FORM

1. Surname: _____ Title: _____
2. First Name: _____
3. Other Names: _____
4. Age: _____ 5. Email Address: _____
6. Employer: _____
7. Staff Identity Number: _____ (please attach a copy of your Staff Identity Card)
8. Present Job Title: _____
9. Hobbies: _____
10. Phone Number(s): _____
11. Social Media Handles: _____
12. Pet Project of Interest: _____

Affix
Passport
Photograph

(Please attach a comprehensive project plan of your pet project (showing aim(s), timelines, reasons, costs, e.t.c minimum of 500 words and maximum of 1000 words – if you emerge as the winner)

CANDIDATE'S DECLARATION

I, _____ certify that the information provided in this form are all correct and valid to the best of my knowledge.

NAME & SIGNATURE: _____ DATE: _____

Note: Candidates above the age of thirty (30) years are not eligible to contest. Candidates must have not more than five (5) years of working experience in the insurance industry. Please attach a copy of your birth certificate when submitting this completed form.

HR'S ATTESTATION

I certify that the above-named person is an employee of _____ and that the information provided is correct to the best of my knowledge and belief.

NAME & SIGNATURE: _____ DATE: _____

Please attach evidence of payment of the sum of ₦100,000.00 with the completed application form. The deadline for submission of this form is Friday, February 16, 2024. The Bank Account for the payment is Union Bank Account Number 0176326538 of the Institute.