

CHARTERED INSURANCE INSTITUTE OF NIGERIA



INDUCTION SCREENING FORM

SURNAME:

OTHER NAMES:

MEMBERSHIP NUMBER (PIN):

COMPANY:

ADDRESS:

PHONE NUMBER: **E-MAIL:**.....

RECORD OF COURSES PASSED

Complete the table below and upload the statement of results (including letters of exemption/conversion where applicable) to the professional qualification section on the members' portal.

COURSE CODE	GRADE	DIET	YEAR	REMARKS
FOUNDATION/CERTIFICATE-IN-INSURANCE				
F01 / (CF1)				Compulsory
F02 / (CF2)				Compulsory
F03				Compulsory
F04				Compulsory
F0... / (CF...)				Elective
INTERMEDIATE/DIPLOMA-IN-INSURANCE				
I01 / (D05)				Compulsory
I02 / (D10)				Compulsory
I03				Compulsory
I0... / (D0...)				Elective
I0... / (D0...)				Elective
I0... / (D0...)				Elective
ASSOCIATESHIP/ADVANCED DIPLOMA				
A01 / (A510)				Compulsory
A02 / (A735)				Compulsory
A03 / (A745)				Compulsory
A0... / (A...)				Elective
A0... / (A...)				Elective
A0... / (A...)				Elective

.....
Signature and Date