

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