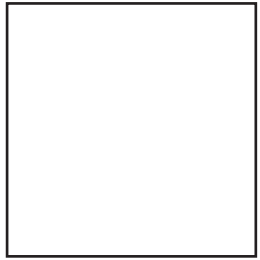




THE NIGERIAN COUNCIL OF REGISTERED INSURANCE BROKERS

58, MOLEYE STREET, ALAGOMEJI, YABA, LAGOS. NIGERIA. P.MB YABA, LAGOS.
TEL: 01-7917204, 017925488 E-mail: brokerscouncil@yahoo.co.uk www.ncrib.net



ASSOCIATESHIP APPLICATION FORM

Applicants are requested to fill the form with black pen and attach copies of their relevant certificates to the form on submission

1. Name of Applicant

Surname	First Name	Middle Name
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2. Contact Address (Not P.O.Box)

E-mail	Phone no
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3. Qualification with Dates

Professional	Institution	Dates

Academic Qualification	Institution	Dates

4. Work Experience (with Dates) and Position held

SN	Organisation	Position	Dates

5. Membership of Professional Bodies with Status

6. Referees (Preferably from the Insurance Industry)

Name	Name
Company/Org	Company/Org
Position	Position
Address	Address
Signature	Signature

7. Statement of Career goals/aspirations (in not more than 200 words)

8. Declaration

I.....hereby affirm that all the information provided above are correct

.....
Signature

.....
Date

NOTE: All application should be submitted at the Secretariat on or before Friday

xxxxxxxxxxxxxx