



Insurance Institute

CAIB Credit Request Form

Please complete and submit this form by mail. Requests will not be processed until full payment is received.

IIC Membership ID:** _____

Name: _____

Company Name: _____

Company Address: _____

Business Phone: _____ Business Email: _____

Home Address: _____

Home/Cell Phone: _____ Personal Email: _____

Preferred Email: Home Work

Credits applied for: C11

C130

C77

A copy of my CAIB certificate is attached.

My cheque in the amount of \$ _____ is enclosed, payable to **The Insurance Institute of Canada**.

Mail this form to:

The Insurance Institute of Canada, Examinations
18 King Street East, 6th Floor
Toronto, ON M5C 1C4

Before you enroll in your first CIP course, please refer to the [CIP Program syllabus](#).

** You must hold membership with your local institute to be eligible for credits. Contact [Member Services](#) for further information.

Congratulations – you are now one step closer to completing your **Chartered Insurance Professional** designation!

Learning for the Real World. Rewarding.™