



INSTITUTE REGISTER OF INSURANCE BROKERS

Application for Individual Registration

Applicants must be currently engaged in the business of insurance broking and agree to be bound by the IRIB Code of Conduct upon registration.

To be considered for registration all applicants must also comply with one of the following eligibility criteria:

1. Chartered Insurance Institute qualified with the Advanced Diploma, ACII or FCII, together with relevant practical insurance industry experience, including in an insurance broking business.
2. The holder of other academic qualifications relevant to their occupation, of a comparable standard to those mentioned in 1 above, together with relevant practical insurance experience, including in an insurance broking business.
3. Having relevant practical insurance industry experience, including in an executive capacity in an insurance broking business.

Applications should be countersigned by an Institute Registered Insurance Broker who must complete the relevant section at the end of this form or, as an alternative, details of 2 referees should be supplied (see herein).

Title – Mr/Mrs/Miss/Ms _____

Surname _____

First Name(s) _____

Home address _____

_____ Post Code _____

Daytime Telephone _____ Fax _____

E-mail Address _____

Date of Birth (for identification purposes only) _____

Recognised Insurance Qualifications (if any) _____

Other Relevant Qualifications _____

CURRENT OCCUPATION

Starting Date _____

Position _____

Brief Outline of Responsibilities _____

Name of Employer/Business _____

Address _____

Telephone Number _____ E-mail Address _____

Previous Employment or Business (during the last 10 years)

Dates	Name & Address of Employer or Organisation	Position Held

GENERAL QUESTIONS

	Yes	No
Are you an FSA Approved Person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been formally charged over a disciplinary matter involving a professional, trade or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been refused entry to any professional, trade or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the subject of bankruptcy petition, an insolvency petition, the appointment of a receiver, administrator or trustee or entered into an arrangement with creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of an offence (other than a driving offence) which is not spent under the Rehabilitation of Offenders Act 1974?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently aware of facts which might in future lead to a positive answer to any of the above questions?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is 'Yes', please give details below

I hereby declare that the information I have provided is a complete and true statement and that I agree to abide by and be subject to the Code of Conduct and Rules.

Signature..... Date.....

Please complete payment of fee details and arrange for counter signature overleaf

Data Protection Notice	
1.	The information that we hold on you will be included in an electronic database and published record of Institute Registered Insurance Brokers.
2.	Your name, address, and the identity of your employer or business: <ul style="list-style-type: none"> • will be made available to any interested party including members of the public at their specific request. • may be published in directories or included in mailings issued by us or by third parties, but we will not "sell" your information to any third party for promotional purposes. • may be displayed on the Institute Register of Insurance Brokers Website, to which the public will have access.
3.	You are responsible for verifying the accuracy of any information that is supplied to us but we will correct any error within a reasonable period of your notifying us of any inaccuracy.
4.	By supplying the information on this form we will be entitled to assume that you consent to the use of your personal data in this manner. However, if there is information that you do not agree to be published by us, please signify this clearly on the form.

COUNTER SIGNATURE BY AN I.R.I.B.

Name IRIB No:

Address

I hereby testify that the applicant [*name*]
 has been known by me foryears/months in a professional capacity and in my opinion is a fit and proper person with adequate
 experience and knowledge to be admitted to the Institute Register.

Signature..... Date.....

All applications should be countersigned by an existing Institute Registered Insurance Broker (IRIB). If this poses a difficulty please provide, as an alternative, details of two referees (who are known to you in a professional capacity) who are willing to vouch for your character and suitability for registration

	Referee 1	Referee 2
Name		
Address		
Occupation		

REGISTRATION FEE (£70)

PLEASE ALLOW 28 DAYS FOR YOUR CERTIFICATE

Cheque enclosed payable to **Institute Register of Insurance Brokers**
or please charge my VISA/MASTERCARD/AMERICAN EXPRESS/DELTA/SWITCH card (*please circle the card you wish to use*)

Cardholders name

Card No

Expiry date Valid from Issue No Security Code

Switch only

Total £..... Signature Date

Please complete and return this form to:

INSTITUTE REGISTER OF INSURANCE BROKERS
 Higham Business Centre, Midland Road, Higham Ferrers, Northamptonshire, NN10 8DW.
 Tel: 01933 410003 Fax: 01933 410020 E-mail: register@iib-uk.com