

INSTITUTE OF LOSS ADJUSTERS OF NIGERIA

ILAN House, 2, Fagbile Street, Off Clegg Street, Opp, Polaris Bank,
Ojuelegba, Lagos. P. O. Box 2091, Marina, Lagos



APPLICATION FORM FOR ASSOCIATE

1. Surname (in block letters) Dr./Chief/Mr./Mrs./Miss)
2. Other Names (in block letters)
3. Nationality Date of Birth
4. Full Postal Address
5. QUALIFICATIONS WITH DATES
 - (a) Professional
 - (b) Academic
 - © Others
6. Names and Address of Present Employer (to which all correspondence shall be addressed)
.....
7. E-mail: Phone Number.....
8. Number of years of continuous loss adjusting experience:
.....
9. DECLARATION:

I, hereby declare that the statements made herein are correct to the best of my knowledge and belief and I agree to be governed by the conditions as specified in the constitution.
10. Signature: Date:

11. **SPONSOR:**

I, Chief/Mrthe (designation)
..... of (Company)

certify that the above named person, having been duly registered should be considered as an Associate of the Institute of Loss Adjusters of Nigeria.

Signature: Date:

12. **SECONDER:**

I, Chief/Mr the (designation)
..... of (company)

..... hereby confirm that the above named person should be admitted as an Associate of the Institute of Loss Adjusters of Nigeria

Signature: Date:

REQUIREMENTS:

- a. Photocopy of certificate issued by ILAN?
- b. The sum of ₦15,000.00 (non-refundable processing fee) Bank Draft/cheque drawn in favour of the INSTITUTE OF LOSS ADJUSTERS OF NIGERIA.
- c. Proposer under 11 and 12 above should be either a Fellow or an Associate Member of the Institute of Loss Adjusters of Nigeria.

FOR OFFICIAL USE ONLY

Draft/Cheque No:

Admission No:

Date of Admission: