

# 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 FELLOW

- 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/Mr .....the (designation) .....  
..... of (Company) .....

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

Signature: ..... Date: .....

12. **SPONSOR:**

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

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

Signature: ..... Date: .....

**REQUIREMENTS:**

- a. Photocopy of Associate certificate issued by ILAN
- b. The sum of ₦25,000.00 (non-refundable processing fee) cheque drawn in favour of the INSTITUTE OF LOSS ADJUSTERS OF NIGERIA.
- c. Presentation of project of not less than 1.....?
- c. Sponsor under 11 and 12 above should be a Fellow member of the Institute of Loss Adjusters of Nigeria.

**FOR OFFICIAL USE ONLY**

Draft/Cheque No: .....

Admission No: .....

Date of Admission: .....