

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

INDIVIDUAL MEMBERSHIP APPLICATION FORM

(TO BE COMPLETED BY APPLICANTS FOR ORDINARY MEMBERSHIP)



1. Surname (in block letters) Dr./Chief/Mr./Mrs./Miss)

2. Other Names (in block letters)

3. Nationality Date of Birth

4. QUALIFICATIONS WITH DATES

(a) Professional

(b) Academic

© Others

5. Names and Address of Present Employer (to which all correspondence shall be addressed)

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6. DECLARATION: (By The Applicant)

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.

7. (THIS PORTION TO BE COMPLETED BY THE APPLICANT'S MANAGER OR SUPERVISOR)

I confirm that the above applicant, Dr./Chief/Mr/Miss

Is an employee of

and that the nature of his/her job is mainly in area of

Name of Manager/Supervisor..... Department

Signature Date

REQUIREMENTS:

(a) Photocopies of all certificates as stated in items 4

(b) A non-refundable application fee of N5,000.00 Cash