

**Canadian Certified  
Insurance Broker (CCIB)  
Exam Registration Form**



**LAST NAME** \_\_\_\_\_ **FIRST NAME(S)** \_\_\_\_\_

**BROKERAGE** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postal Code** \_\_\_\_\_

**BROKERAGE TEL. #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

My firm is a member in good standing of the IBAM. \_\_\_\_ Yes \_\_\_\_ No

Is this the first time that you have enrolled for the CCIB exam? \_\_\_\_ Yes \_\_\_\_ No

If no, in what year did you enroll? \_\_\_\_\_

**Please register me for the:** Essay Questionnaire \_\_\_\_\_ Cost \$250.00

(GST #R102499324)

Short Answer Questionnaire \_\_\_\_\_ Cost \$250.00

\*Final- Oral Exam or \_\_\_\_\_ Cost \$250.00

\*Final- Written Survey Exam \_\_\_\_\_ Cost \$250.00

Exam Date: December 3, 2008

**\*Note:** Final exam only available to students successfully completing the Essay and Short Answer Questionnaires.

**Cheque enclosed payable to IBAM \$\_\_\_\_\_ . Receipt of use of Designation qualifies for 12 CECs.**

**CANCELLATION POLICY**

50% refund payable if cancellation received more than seven days prior to date of examination.

**No refund** if cancellation **within seven days** of examination, or if a no show.

If successful in the examinations, and if elected by the IBAC Board of Directors to be awarded the use of the designation of "Canadian Certified Insurance Broker", I hereby certify that I meet the prescribed qualifications, that I am an employee of a property and casualty insurance brokerage and that I agree to abide by such other requirements as outlined in the Terms of Reference (See IBAM for copy) and as may be established by the Insurance Brokers Association of Canada and the Insurance Brokers Association of Manitoba from time to time as they see fit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

(For Association Use Only)

Examination # \_\_\_\_\_

Exam Location \_\_\_\_\_