



Chartered
Insurance
Institute
Standards. Professionalism. Trust.

Fellowship major achievement

- additional qualification

Important notes:

Please send this form with documentary evidence to:

societies.fas@cii.co.uk

Section A - Personal details

(Please complete all fields - it is essential we have your email address as this is our main channel of contact with you)

Please give your CII/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/ Ms/Other Surname/ Family name

Forenames/ Given name(s)

Preferred name for CII communications

Gender (Please tick) Male Female Date of birth

Daytime tel Mobile

Employer name

Job title

Work address

Postcode Country

Home address

Postcode Country

email

Please take care when providing your email address as most correspondence will be sent electronically.

Tick address to be used for correspondence (Please tick) Home Work

