

CSIP REGISTRATION FORM

1. Applicant Information

Member ID: _____

First Name: _____ Last Name: _____

Brokerage (for shipping): _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

2. Select CSIP Module4

Module 1
 Module 2
 Module 3
 Module 4

3. Complete Mentor Information (all applicants must have a designated mentor to enroll in the program)

Mentor: _____

Brokerage: _____

RIBO #: _____ Position: _____

Email: _____ Phone: _____

Signature: _____

4. Payment Options

Fee Enclosed (please refer to website for fees): \$ _____

Brokerage Cheque
 Certified Personal Cheque
 MasterCard
 VISA

Card #: _____ Card Expiry: _____

Check one:
 Personal card
 Brokerage card

Cardholder: _____ Signature: _____

5. Applicant Declaration

I _____ confirm that the above information is correct. I agree to participate in the above course and abide by the CAIB Registration Policy.

Signature Date

Mail, fax, or email completed registration forms (with payment) to:

Robyn Campbell, Broker Designations Coordinator, designations@ibao.on.ca | fax: 416 488 7526
 Insurance Brokers Association of Ontario, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1