

Dear Applicant, please send this completed form, a cheque for £15 (or the local equivalent), and copied of your Professional Qualification Certificates to your National Loss Adjusting Association.

Please complete all fields in clear, block capitals

Applicant salutation / first name / surname

Member Loss Adjusting Association

Company

Address (for certificate)

Country Post / ZIP code.....

Contact telephone number (with international code)

At least one email address is required:

Business email

Personal email

Date of birth

Academic qualifications (in full)

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Professional qualifications (in full)

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Number of years of continuous loss adjusting experience

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I declare that the above statements are true and that I am willing to be bound by the Code of Professional Conduct of the International Federation of Adjusting Associations.

Signature Date (day/month/year)