

Dear Applicant, please send this completed form, a cheque for £25 (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)

.....  
.....

Professional qualifications (in full)

.....  
.....

Number of years of continuous loss adjusting experience

.....

**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) .....