

**October 2010**

**Please choose your module**

Module I	IBA 1 Personal Lines	
Module I	IBA 2 Commercial Lines	
Module II	GEN 2(A) General Insurance Market Regulation	
Module II	GEN 2(B) Insurance Principles	
Module III	GEN 3(A) The General Insurance Process: Risk Management, Advice, Underwriting and Claims	
Module III	GEN 3(B) General Insurance Products – please tick which exam Personal Lines <input type="checkbox"/> Commercial Lines <input type="checkbox"/>	

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Company: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

Tel.No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please indicate your preferred exam centre:**

Dublin	<input type="checkbox"/>	Cork	<input type="checkbox"/>	Limerick	<input type="checkbox"/>
Galway	<input type="checkbox"/>	Sligo	<input type="checkbox"/>	Wexford	<input type="checkbox"/>
Cavan	<input type="checkbox"/>				

**Please Note:** Before making your selection, the exam centre and exam session once chosen can only be changed on payment of the appropriate fee.

I wish to enrol for the exam indicated and enclose the fee of **€270**. (N.B each exam is €270) includes tuition for all levels

*I understand that my contact details will automatically be given to appointed agents so that that can offer me related examination and tutorial support unless I tick here*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All cheques should be made payable to: Insurance Institute of Ireland (Fees are non-refundable and non-returnable).

<b>Credit Card Payment</b>	
Name: _____	Amount: _____
Credit Card Details: Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Credit card Number: _____-_____-_____-_____	Expiry Date: ____/____/____
Security Code (last 3 digits above signature on the back of the card): _____	
Signed: _____	Date: ____/____/____

**Please return the form and payment to:  
Eimear Lavin, Insurance Institute of Ireland, Insurance House, 39 Molesworth St, Dublin 2**