

Application Repeat Form

Please return the form and payment to:

Eimear Lavin, Education Dept, Insurance Institute of Ireland, 39 Moleworth St, Dublin 2

October 2010 REPEAT EXAM

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: _____

Home Address: _____

Business Address _____

All correspondence should go to: Home Business

Tel.No.: _____ Date of Birth: ____/____/____

Please indicate your preferred exam centre:

Dublin		Cork		Limerick	
Galway		Sligo		Wexford	
Cavan					

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 repeat exam indicated and enclose the fee of €150 which includes tuition.

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).

Credit Card Payment

Name: _____ Amount: _____

Credit Card Details: Visa MasterCard

Credit card Number: _____ - _____ - _____ - _____ Expiry Date: ____/____/____

Security Code (last 3 digits above signature on the back of the card): _____

Signed: _____ Date: ____/____/____