



I hereby apply for IBA CPD Membership

Are you currently a member of IBA?
(Not a requirement)

Name:

Date of Birth / /

Private Address
.....
.....

Business Address.....
.....
.....

Email **(compulsory)**

Home Tel No

Mobile No

Company Tel No

Address for Correspondence: Private / Business (please circle)

If CIP examinations passed successfully state when graduated
.....

Compulsory Section - MUST BE FILLED OUT !

I have been certified as a "grandfathered" accredited individual by my employer in the following categories (as specified by the Minimum Competency Requirements):

- Life Assurance Protection Policies
- General Insurance Policies
- Quoted Shares and bonds and other investment instruments
- Savings, Investment and Pension Products
- Mortgage Lending and Associate Insurances
- Consumer Credit and Associated Insurances

(please circle appropriate category / categories)



Please state how many years experience you have in each category

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:

____/____/____

Declaration

To be completed by HR Department / Employer as appropriate if certified as a "grandfathered" accredited individual (if you work for yourself sign declaration below)

I confirm that the above named person is a "grandfathered" accredited individual in the category as advised above:

Signature..... Date

.....



Employee Declaration

To be completed by Individual CPD member

In order to comply with the Financial Regulator’s Minimum Competency Requirements each Broker firm is responsible for the CPD of its individual employees. In the interest of compliance the Broker firm must monitor the CPD progress of staff and in order to do this must have access to employee’s personal CPD records.

I hereby certify that I give permission to my employer (name of employer.....) to have access to my personal CPD records in order to comply with the Financial Regulators requirements.

Signature.....
.....

Date

- IBA CPD Membership fee is €150.00 per annum (unlimited access to MyCPD.ie) for CIP’s
- €100.00 per annum for grandfathers
- Please note ACII/ACOI graduates must maintain their designation through the III/CII
- Please Note QFA graduates must complete CPD through the LIA

****** Please return forms and payment (cheque or credit card details) to
Elaine Maher
CPD Administrator**



IBA
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