



Chartered  
Insurance  
Institute  
Standards. Professionalism. Trust.

# Election to Fellowship

## Important notes:

Before completing this application form, carefully read the Fellowship guidelines.

Please type or write legibly in black or blue ink. If there is insufficient space in any part of this form, please attach extra sheets.

Once you have completed all sections of this form in BLOCK CAPITALS and payment has been made, please email to: **societies.fas@cii.co.uk**

If you require any assistance or advice when completing this form please email **societies.fas@cii.co.uk**

## Section A - Personal details

(Please complete all fields - it is essential we have your email address as this is our main channel of contact with you)

Please give your CII/PFS permanent identity number (PIN) if known

PIN

Mr/Mrs/Miss/ Ms/Other  Surname/ Family name

Forenames/ Given name(s)

Preferred name for CII communications

Gender (Please tick)  Male  Female  Prefer not to say Date of birth

Daytime tel  Mobile

Employer name

Job title

Work address

Postcode  Country

Home address

Postcode  Country

email

Please take care when providing your email address as most correspondence will be sent electronically.

Tick address to be used for correspondence (Please tick)  Home  Work





