Corporate Approved Payment Scheme (CAPS)
Authorised Contact Form

Corporate Approved Payment Scheme (CAPS)

This scheme is designed to provide greater efficiencies in the indirect administration of relationships between, corporate staff who are members of The Insurance Institute of Ireland via employers, and the Institute. It allows for bulk transacting to ensure services continue to be available and accessible to all concerned, and to ease administrative burden for companies.

For full details of the scheme, please refer to our Corporate Approved Payment Scheme Operating Arrangements and Terms & Conditions document.

Please complete all sections of this form to ensure we have up to date contact details for all the Institute service areas availed of by your company.

Corporate Information

Company Name	
Company Address	
Eircode	
Co Telephone No.	

Service Requirements (please tick)

Approval of Membership Renewals for your staff	
Sponsorship of Registrations for Exams for your staff (initial registration)	
Sponsorship of Repeat/Re-registration exam registrations for your staff	
Sponsorship of Exam Deferrals for your staff	
Access to the Employer Portal	
Access to the Employer Portal to submit CPD Accreditations only	

CAPS Declaration

I am authorised to act on behalf of the above named company and wish to operate an Insurance Institute Corporate Approved Payment Scheme in respect of the services indicated above. **Name:**	Please send completed details to: Nicola Carroll - Corporate Account Manager Email: ncarroll@iii.ie Post: The Insurance Institute, 5 Harbourmaster Place, IFSC, Dublin 1 D01 E7E8 Ph: 01 645 6670
Position:	
Signature:	
Date:	

Authorised Contacts Information

A. Authorised Contact for Membership and Exam related queries

Name		
Position		
Email Address		
Tel No (Dir)		
I agree I may be contacted with regard to Item A above*		**Signature**

B. Authorised Contact for Invoices and Statements

Name		
Position		
Email Address		
Tel No (Dir)		
I agree I may be contacted with regard to Item B above*		**Signature**

C. Authorised Contact for access to the Corporate Portal

Name		
Position		
Email Address		
Tel No (Dir)		
I agree I may be contacted with regard to Item C above*		**Signature**

D. CPD Accreditation access only (if different from contact above)

Name		
Position		
Email Address		
Tel No (Dir)		
I agree I may be contacted with regard to Item D above*		**Signature**

*Please tick box