APPLICATION FORM: MDI

(PLEASE USE BLOCK CAPITALS) Please note incomplete forms will be returned

MEMBERSHIP ID				
(If known)				



Salutation Mr/ Ms	Mrs/								
First Name									
Surname									
Maiden Name									
Date of Birth			/		/				
Gender	Male _	Femal							
Home Address									
Telephone									
Mobile			/						
Email Address 1*									
Email Address 2*									
	o omail s	ddrooo	oo ara ragu	irod					
	ie email a	ddresse	es are requ	ired					
Please note 2 uniqu			es are requ	ired					
Please note 2 uniqu			es are requ	ired					
Please note 2 uniqu			es are requ	ired					
Please note 2 unique Employment Employer			es are requ	ired					
Please note 2 unique Imployment Employer Job Title			es are requ	ired					
Please note 2 unique Employment Employer Job Title Area of Work	Detail	S Fin:	ance		Loss /				
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro	Detail	S Fina	ance t/Training		Risk N	/lanage	ement	/Surv	eying
☐ Broking☐ Claims	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	/Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims Compliance	Detail	Fin:	ance t/Training		Risk N Sales	/Marke	ement eting	/Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	//Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims Compliance	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	/Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims Compliance	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	/Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims Compliance	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	//Surv	eying
Please note 2 unique Employment Employer Job Title Area of Work Administration/Pro Broking Claims Compliance	Detail	Fin:	ance !/Training Data		Risk N Sales	/Marke	ement eting	/Surv	eying

signature.

Exam Centres

Ce	entres	Exam Semesters					
Centre	Code	Мау	Nov				
Cavan	330	✓	1				
Cork	302	✓	1				
Dublin	301	✓	1				
Galway	304	✓	1				
Wexford	310	✓	1				

Please choose the exam centre of convenience to you.

If none of the above centres are convenient, please state your alternate preferences which may be used subject to demand:

	Alternate Centre Preferences
1	
2	

Disclaimer: While every effort will be made by The Insurance Institute to ensure your exam will be available at your preferred exam centre, please note it may be necessary to alter or cancel an exam due to circumstances beyond our control. In the event of a cancellation we will contact you to ensure you can make alternative arrangements.

Qualification Details

QUALIFICATION: MDI

Semester (You wish to sit exams in) Year			Month	

Additional Assistance Candidates

Candidates who have a physical or sensory disability or a specific learning problem (e.g. dyslexia) and who wish to avail of support should contact Member Services, who will advise you how to apply and the supporting documentation required.

Exam Details

Centre Code		
Module Code		
Exam & Textbook		
Repeat Exam		
Re-Registration		
Late Application		
Paper Surcharge ¹		

¹ See fees overleaf. Surcharge will not apply to applications made online in the Member Area.

Terms and Conditions

Data Protection & Privacy

I understand that:

- The Insurance Institute respects the right to privacy of members
- The information provided by me on this form and generated as a result of my membership of the Institute will be processed in line with Data Protection legislation and the Institute's Data Protection Policy available at www.iii.ie/about/data-protection-and-privacy-policy.

Employer Sponsorship

I hereby agree that where my employer is sponsoring my exams, the Insurance Institute may share the following information with them to facilitate them in complying with their obligations under the Central Bank's Minimum Competency Code 2017 ("MCC"):

- · confirmation of exam registration
- attendance/non-attendance/deferral of exam
- exam results (pass or fail only)
- designation status (if accepted).

Please note that we do not disclose to employers any information regarding physical or mental health issues which are notified to us (e.g. for deferral of exams).

Third Parties

We may also share your information with our educational partners (e.g. UCD, our current Awarding Body), other professional/regulatory bodies (e.g. CII, if you are a dual member), or other relevant third parties e.g. examiners, invigilators, lecturers or as required in order to comply with legal, regulatory or compliance obligations.

If requested by the Central Bank, we may disclose information to assist it for the purposes of discharging its functions under the Minimum Competency Code.

Designation Status & CPD

I hereby agree that in the event that I hold an Insurance Institute designation that I will:

- Maintain my membership of the Insurance Institute
- Fully participate in a Continuing Professional Development (CPD)
 Scheme and comply with its requirements
- Provide the Insurance Institute with my accurate and up to date contact details

I hereby agree that as a condition of my CPD membership of the Insurance Institute, it may provide information on my CPD activity to its Professional Standards Committee (PSC) which oversees the administration of our CPD Scheme and ensure the upholding of professional standards and ethics throughout the industry.

Register of Compliant Persons

The Institute publishes a Register of Compliant Persons (as part of the Central Bank's Minimum Competency Code) in which the names of current members holding one (or more) designations and grandfathered members are listed.

I understand that I can request removal of my name from the Register at any time by contacting the Institute.

The following documents are available to view at www.iii.ie

- Examination Regulations
- Exemption Policies
- Prospectus
- Data Protection & Privacy Policy
- Code of Ethics & Conduct
- Membership Terms & Conditions

Declaration

I wish to apply for the exam(s) at the Exam Centre(s) I have marked on this form. I hereby confirm that I have read, understood and agree to the terms and conditions set out on this form (and at www.iii.ie/about/membership-terms-and-conditions), the Exam Regulations and Prospectus.

N	ame	(plea	ise pr	int)														
5	Sign	ed										Dat	te	/		/		

Course Fees 2018 (per Module)

Course Modules	Per Written Module
Exam Entry & Textbook	€570
Repeat Exam ¹	€420
Exam Re-Registration ²	€90
Late Application ³	€50

- Repeat Exam available only for the three exam sittings immediately following the original exam sitting.
- ² Re-Registration due to absence from exam due to extenuating circumstances supported by independent evidence and submitted to the Institute within 10 days of
- the original exam date please see Prospectus for full details.
- ³ Late Application fee is IN ADDITION to the relevant fee shown above.

How to achieve savings

To avail of reduced exam entry entry fees, login to the Member Area where exam entry fees are:

Exam Entry & Textbook €545	Repeat Exam €395

Payment Details

Payment Cash/Cheque/PO Credit/Debit Card Sponsoring employer*
Amount €
Cheque/ PO Number (Please cross your payment and make payable to 'The III')
Credit / Debit Card Laser Mastercard Visa Amex
Number
Name
Expiry Date CVV (Last 3 digits on reverse of card)
Sponsoring Employer
Contact Details
PO Number (if applicable)

*Sponsorship will be verified by The Insurance Institute before your application is processed.

Edition: May 2018