

# EXEMPTION APPLICATION FORM

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



MEMBERSHIP ID (If known)

### Personal Details

Salutation Mr/ Ms/ Mrs/

First Name

Surname

Maiden Name

Date of Birth  /  /

Gender  Male  Female

Home Address

Telephone

Mobile

Email Address

### Details of Non Insurance Institute Qualifications / Examinations

Please note that in order to be eligible for an exemption your qualification must match at least 80% of the syllabus and 70% of the assessment format of a current Insurance Institute module.

In line with other professional bodies, academic qualifications completed more than 10 years ago will not be considered. Please read our full exemption policy before submitting your application - see [www.iii.ie/exemptions](http://www.iii.ie/exemptions)

Qualification Held	Awarding Body	Date of Award

### Exemption Application Detail

Please specify the professional Designation you wish to pursue:			Specify the Module(s) you are seeking an Exemption from:	
			Module Code(s)	Module Name(s)
<b>APA</b>	Accredited Product Adviser	<input type="checkbox"/>		
<b>CIP</b>	Professional Diploma in Insurance	<input type="checkbox"/>		
<b>DLDC</b>	Diploma in Life & Disability Claims	<input type="checkbox"/>		
<b>DLDU</b>	Diploma in Life & Disability Underwriting	<input type="checkbox"/>		
<b>MDI</b>	Management Diploma in Insurance	<input type="checkbox"/>		

