THE MALAYSIAN INSURANCE INSTITUTE

No. 5, Jalan Sri Semantan Satu, Damansara Heights, 50490 Kuala Lumpur
Tel : 03 - 2087 8882 Fax : 03 - 2093 7642 Website : www.insurance.com.my

YEAR 2017

APPLICATION FOR REASSESSMENT

Basic Certificate Course in Insurance and Takaful Broking (BCCITB)

Date of previous assessment ☐☐ ☐☐ ☐☐ Center

1. Name of Candidate

2. NRIC No. (new) (Old)

3. Principle Company

4. Correspondence Address

Postcode State

5. Contact No. Tel (O) Fax

H/P Email

TRAINING PROGRAMMES ATTENDED (*Please fill in the following information*)

Basic Certificate Course in Insurance and Takaful Broking (BCCITB)

Moderator's/Trainer's Name:

Date: Training Centre:

I would like to apply for the following assessment - Please tick ✔)

Assessment Date :	☐ **18 March 2017**	☐ **10 June 2017**	☐ **30 September 2017**	☐ **9 December 2017**
Closing Date :	*27 February 2017*	*15 May 2017*	*4 September 2017*	*20 November 2017*

Payment Options / Reassessment Fee ***(Inclusive of 6% GST)*** **:** RM318.00 (Repeat fee)

☐ Cash Payment

☐ Enclosed is a Bankdraft / Money Order no. for RM_____ made payable to the **Malaysian Insurance Institute**

☐ Direct Bank in to MII account : **2-64160-00004670, RHB Bank Bhd**

☐ Please charge RM _____ to my credit card ☐ VISA ☐ MASTERCARD

Card no: Expiry Date: CVV No:

Card Holder Signature: _____

FOR OFFICE USE

Data Posted : Remarks: _____