



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

APPLICATION FOR REASSESSMENT

Basic Certificate Course in Insurance and Takaful Broking (BCCITB)

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Date of previous assessment						C	Cente	r											
1. Name of Candidate															I		I I	I I	
2. NRIC No. (new)										(Old))					L	I	
3. Principle Company																	I	I	
4. Correspondence Address														<u> </u>	I	<u> </u> 	I	I	
5. Contact No.	Postcod	e						State	• [Fax						I	I I	I I	
TRAINING PROGRAMMES	H/P ATTENE	DED (/	Please	fill in	the f	ollowi	na in:	format	tion	Ema	ail								
Basic Certificate Course in Insurance and Takaful Broking (BCCITB)																			
Moderator's/Trainer's Name	: 🔲																I	L	
Date:				Т	⊺raini	ng Ce	ntre:												
I would like to apply for the f	ollowing a	assess	sment	- Plea	ase ti	ck	~)												
Assessment Date : Closing Date :	10 Marc 26 Febr					ay 201 oril 201				July July 20					_		embe ber 2		
Payment Options / Reassessment Fee (0% GST): Cash Payment Direct Bank in to MII account: 2-64160-00004670, RHB Bank Bhd Please charge RM to my credit card Card no: Card Holder Signature: RM300.00 (Repeat fee) RM300.00 (Repeat fee) RM300.00 (Repeat fee)]							
FOR OFFICE USE Data Posted :]		Rem	arks												