



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 2018

APPLICATION FOR REASSESSMENT

Basic Certificate Course in Insurance and Takaful Broking (BCCITB)

Date of previous assessment Center

1. Name of Candidate	<input type="text"/>		
2. NRIC No. (new)	<input type="text"/>	<input type="text"/>	(Old) <input type="text"/>
3. Principle Company	<input type="text"/>		
4. Correspondence Address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>	State <input type="text"/>	
5. Contact No.	Tel (O) <input type="text"/>	<input type="text"/>	Fax <input type="text"/>
	H/P <input type="text"/>	<input type="text"/>	Email <input type="text"/>

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 :	<input type="checkbox"/> 10 March 2018	<input type="checkbox"/> 12 May 2018	<input type="checkbox"/> 14 July 2018	<input type="checkbox"/> 10 November 2018
Closing Date :	26 February 2018	23 April 2018	2 July 2018	22 October 2018

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: _____