



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 2019

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"/> <input type="text"/> (Old) <input type="text"/>
3. Principle Company	<input type="text"/>
4. Correspondence Address	<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"/> 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"/> 9 March 2019	<input type="checkbox"/> 11 May 2019	<input type="checkbox"/> 20 July 2019	<input type="checkbox"/> 2 November 2019
Closing Date :	25 February 2019	22 April 2019	8 July 2019	14 October 2019

Payment Options / Reassessment Fee: RM300.00 (Repeat fee)

Cash Payment
 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: _____