



CAIB – EXAM REWRITE APPLICATION

600 – 1445 Portage Ave., Winnipeg, MB R3G 3P4,
PH: (204)488-1857, (800)204-5649, FAX: (204) 489-0316

APPLICANT NAME: _____

EMPLOYER: _____

MAILING ADDRESS: _____

PHONE NO: _____ EMAIL: _____

EXAMINATIONS WILL BE WRITTEN ON WEDNESDAY MAY 9, 2018

Examination registration deadline is April 2, 2018

_____ \$124.00 fee for member re-writes/deferrals
(Non-refundable) \$144.00 Non- member fee

Company cheques should be made payable to I.B.A.M. No personal cheques will be accepted and no post-dated cheques will be accepted. We accept Visa & Mastercard. G.S.T. Included

Visa/MasterCard # _____ Expiry Date _____

Cardholder Name: _____

Email Address (for receipt): _____

Application for a CAIB examination as follows (check one):

CAIB I _____

CAIB II _____

CAIB III _____

CAIB IV _____

Locations: Please check one:

_____ WINNIPEG – IBAM, 600- 1445 Portage Ave.

_____ BRANDON - Riverbank Discovery Centre

_____ THE PAS - TBA

_____ DAUPHIN - TBA

_____ THOMPSON - TBA

_____ Date

_____ Signature

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