



Fundamentals of Insurance Exam Application

STUDENT INFORMATION

Student Name: _____
Last Name *First Name*

Email Address: _____

Brokerage Employer: _____

Mailing Address: _____

City / Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ Year of Birth: _____

EXAM INFORMATION

Preferred Examination Date: _____ *For available exam dates, visit www.ibam.mb.ca/courses-foi.htm*

- Exam Location:**
- | | | |
|--------------------------|-----------|---|
| <input type="checkbox"/> | WINNIPEG | IBAM Office, 600-1445 Portage Ave (Clarion Hotel) |
| <input type="checkbox"/> | BRANDON | Manitoba Public Insurance, 731 – 1 st Street |
| <input type="checkbox"/> | THE PAS | Kelsey School Division, 322 Edwards Avenue |
| <input type="checkbox"/> | DAUPHIN | Johnston & Company, 18 – 3 rd Avenue |
| <input type="checkbox"/> | THOMPSON | Provincial Magistrates Court, 59 Elizabeth Drive |
| <input type="checkbox"/> | FLIN FLON | Kendall & Panda, 300 – 29 Main Street |

Exams are *generally* held on the 2nd Monday of Each Month from 9:00am – 12:00pm (please arrive by 8:45am). For a complete listing of the future exam dates, refer to the IBAM Education Calendar at www.ibam.mb.ca.

Application Deadline: No later than **ONE WEEK PRIOR TO EXAM DATE** in Winnipeg – **TWO WEEKS FOR ALL OTHER LOCATIONS**. No exceptions.

Student Signature: _____ **Date:** _____

PAYMENT INFORMATION

- Please check one:**
- 1st Exam – No Charge** (fee include in registration for previously registered students)
- Re-Write - \$119.00** (GST Included) Accepted methods of payment include: Debit (in person at the IBAM office), Company Cheque, Visa or Mastercard

Visa / Mastercard #: _____ Expiry Date: _____

Send completed application and payment to:

Mail: 600-1445 Portage Ave, Winnipeg, Manitoba R3G 3P4

Email: katrinahueging@ibam.mb.ca

Fax: 204-489-0316

FOR OFFICE USE ONLY

Access: _____ Exam Location Verified: _____ By: _____