

Canadian Accredited Insurance Broker



Office Use Only - Access:____

Exam Rewrite Application

Name:			
Brokerage:			
Address:			
Mailing Address (if different	t than above):		
Phone:	Fa	ax:	
Email:			
Are you employed by a Broker	rage who is a Member of IBAM: Yes	S NO	
Exam confirmations will be se included) and \$144.00 (non-m	nt a few weeks before the exam date embers, GST included).	e. Rewrite / Deferral fees are \$124	.00 (members, GST
Select a CAIB Course:	Select an Exam Location:	Select an Exam Date	: :
CAIB 1:	Winnipeg	February 6, 2019) 🗌
CAIB 2:	Brandon	Registration Deadl	ine – January 11, 2019
CAIB 3:	The Pas		
CAIB 4:	Dauphin	May 8, 2019) [
	Thompson	Registration Dead	dline – April 12, 2019
Please find payment enclosed	of \$ Method	l of Payment: Cheque 🗌 Visa	Mastercard
Credit Card Information:		Expiry:	
Email Receipt To:			
Signature:		Date:	
· · · · · · · · · · · · · · · · · · ·	fundable once processed. Changing a son a first-come, first-served basis as pay		-
Send applications to:	Mail: IBAM, 600-1445 Portag Email: katrinahueging@ibam.	ge Ave, Winnipeg, Manitoba, R36 mb.ca Fax: 204-489-031	