

Canadian Professional Insurance Broker

Elective Course Transfer Application CPIB

Name _____
Last First Middle

Brokerage _____ IBAS Member? Yes No

Brokerage Street Address (Box No.) City Province Postal Code

Telephone _____ Fax _____ Email _____

Elective Course Transfer Information

Please transfer the following credits to be applied as CPIB electives. I have attached my school transcript indicating the courses to be transferred. These courses can be found on the CPIB equivalency chart.

	Elective Course Name and Number	Institution	CPIB Equivalent Course Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CPIB Stream: Personal Lines Commercial Lines Broker Management

<input checked="" type="checkbox"/>	Item	Fee	Sub-Total	# of credit transfers	Total
	Member Per 1 Credit Transfer	\$ 75.00	\$ 78.75		\$
	GST	\$ 3.75			
	Non-Member Per 1 Credit Transfer	\$ 100.00	\$ 105.00		\$
	GST	\$ 5.00			

Prices are subject to revision.

GST Registration Number: 107509283RT

Total Fee Enclosed: \$ _____ Cheque Visa MasterCard

Name on card _____ Signature _____

Card Number _____ Expiry Date _____

I hereby request and authorize you to draw against my credit card the above mentioned sum. All such withdrawals from my credit card account by you shall be treated as though they had been signed by me personally. This signed contract copy is legally binding; faxed contracts will be treated as an original.

Important Notice: Corporate credit cards are not accepted.

For Administrative Use Only

Date Sent: