



SINGAPORE  
INSURANCE  
INSTITUTE

6 Raffles Quay #14-02 Singapore 048580

Tel: (65) 9178 7666/ Email: [enquiry@sii.org.sg](mailto:enquiry@sii.org.sg) / Website: [www.sii.org.sg](http://www.sii.org.sg) Co Reg No: 197400030E

## Membership Renewal Application Form

### **Personal Details:**

I, \_\_\_\_\_, currently a / an \_\_\_\_\_ (Student / Ordinary / Affiliate / Associate) member would like to apply to upgrade to a / an \_\_\_\_\_ (Ordinary / Affiliate / Associate / Fellow) member.

My current SII membership number is: \_\_\_\_\_.

No. of years engaged in insurance: \_\_\_\_\_.

Are you a member with CII? (Yes / No)

If yes, please indicate your CII Membership #: \_\_\_\_\_.

Are you a member with ANZIIF? (Yes / No)

If yes, please indicate your ANZIIF Membership #: \_\_\_\_\_.

Attached are copies of my certificate(s) of qualification as supporting documents.

### **Payment Details:**

☐ Cheque payable to “**Singapore Insurance Institute**”, and send by post to:  
**6 Raffles Quay #14-02 Singapore 048580**

☐ Bank Transfer (Amount: \_\_\_\_\_ / Date of Transfer: \_\_\_\_\_ / Ref No: \_\_\_\_\_ )  
[DBS Current Account – 001-001-7764]

☐ PayNow Transfer (Amount: \_\_\_\_\_ / Date of Transfer: \_\_\_\_\_ / Ref No: \_\_\_\_\_ )  
[UEN: 197400030E]

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**