



SINGAPORE  
INSURANCE  
INSTITUTE

Tel: (65) 6224 3919

139 Cecil Street #04-04 Cecil House Singapore 069539

Fax: (65) 6224 3959

Email: [admin@sii.org.sg](mailto:admin@sii.org.sg)

Website: [www.sii.org.sg](http://www.sii.org.sg)

Co Reg No.: 197400030E

## Membership Upgrade 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, pls indicate your CII Membership #

\_\_\_\_\_

Are you a member with ANZIIF? YES / NO

If yes, pls indicate your ANZIIF Membership #

\_\_\_\_\_

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

**Payment Details:**

Enclosed is cheque \_\_\_\_\_ made payable to “**Singapore Insurance Institute**”.

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

\_\_\_\_\_  
Date

**For office use:**

Date of Application Received:

\_\_\_\_\_

Date of Approval on Application:

\_\_\_\_\_

New Membership Category:

\_\_\_\_\_

New SII membership No.:

\_\_\_\_\_