



COLLEGE OF INSURANCE

P.O. BOX 56928-00200 NAIROBI, TEL: 020 2329493, 2325785, 2619242

E-Mail: info@coi.ac.ke Website: www.coi.ac.ke

Off Nairobi-Mombasa Road, Belle-Vue exit at South "C" Nairobi.

| COP | CCI | DIP | ICDL |
|-----|-----|-----|------|
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STUDENT APPLICATION AND REGISTRATION FORM

NOTES

1. Complete the application form in capital letters (In black or blue ink)
2. Submit originals and copies of Certificates, ID / Passport (detailed information page only) for verification, Copy of **guardian's/sponsor's** ID and two recent colour passport photograph
3. Students from **satellite/outstation** campuses to send certified copies of certificates and ID by **lawyer/employer**.
4. Incomplete forms will be returned to the applicant
5. Indicate the most reliable cellphone no., postal address & code and email address.
6. Continuing students should attach the most recent result notification.
7. Fees should be paid upfront 100% in form of Bankers cheques payable to **College of Insurance** or deposit to **College of Insurance**, A/C no **1103962531** KCB Kipande House branch, or **Visa** or **MPESA Buy Goods, Till No. 853936**
8. Change of subjects should be done within the first 2 weeks of registration after which the following refunds will apply, within 3 weeks – 70% of the fees, one month 50% of the fees and no refunds thereafter.

Personal details

| | | | |
|------------------------------|----------------------|----------------------|----------------------|
| Admission No | <input type="text"/> | Examination Index no | <input type="text"/> |
| Mr/Mrs/Miss/Ms | <input type="text"/> | Surname | <input type="text"/> |
| Other Names | <input type="text"/> | | |
| Nationality | <input type="text"/> | Date of Birth | <input type="text"/> |
| Cellphone No. | <input type="text"/> | Gender | <input type="text"/> |
| Postal Address | <input type="text"/> | Code | <input type="text"/> |
| Town | <input type="text"/> | County | <input type="text"/> |
| Email | <input type="text"/> | | |
| Identity Card / Passport No. | <input type="text"/> | | |

Particulars of sponsor/Guardian/Guarantor (where applicable)

| | | | |
|------------------------------|----------------------|--------|----------------------|
| Name/Company | <input type="text"/> | | |
| Cellphone No. | <input type="text"/> | Gender | <input type="text"/> |
| Identity Card / Passport No. | <input type="text"/> | Code | <input type="text"/> |
| Postal Address | <input type="text"/> | | <input type="text"/> |
| Email | <input type="text"/> | | |
| Relation to student | <input type="text"/> | | |
| Work place | <input type="text"/> | | |

Point (place) of Training _____

Education Background

| School/College/University | Title of Certificate/degree | Grade |
|---------------------------|-----------------------------|-------|
| | | |
| | | |
| | | |

Professional Qualifications (where applicable)

| School/College/University | Title of Certificate/degree | Grade |
|---------------------------|-----------------------------|-------|
| | | |
| | | |

Semester applying for

Month: _____ Year: _____

Have you ever sat for COP/CCI/DIP examination? Yes/No ☐ Indicate Year _____ Month _____ of last sitting and Index no _____

SUBJECTS:

I wish to register for the following subjects (Please Tick appropriately ✓ for new entry and RT for retake).

NB: Only the units on the timetable will be examined.

CERTIFICATE OF PROFICIENCY IN INSURANCE (COP)

I wish to register for the following subjects

| CODE | SUBJECT TITLE | TICK |
|---------|---|------|
| COP 101 | Fundamentals of Insurance Practice (Compulsory) | |
| COP 102 | General Insurance Practice | |
| COP 103 | Long Term Insurance Business Practice | |
| COP 104 | Principles & Practice of Motor Insurance & Assessment (for Motor Assessors) | |
| COP 105 | Health Insurance | |

Preferred Examination Centre: Nairobi ☐ Mombasa ☐ Kisumu ☐ Nyeri ☐ Eldoret ☐ Nakuru ☐
(Tick as Appropriate)

CRAFT CERTIFICATE IN INSURANCE (CCI) (Please Tick appropriately ✓ for new entry and RT for retake).

Module I

| CODE | SUBJECT TITLE | TICK |
|---------|---------------------------------------|------|
| CCI 101 | Fundamentals of Insurance Practice | |
| CCI 102 | General Insurance Practice | |
| CCI 103 | Long Term Insurance Business Practice | |
| CCI 104 | Business Communication | |
| CCI 105 | Principles of Selling | |
| CCI 106 | Life Skills | |
| CCI 107 | Entrepreneurship | |
| CCI 108 | Industrial Attachment (Compulsory) | |

Module II

| CODE | SUBJECT TITLE | TICK |
|---------|--|------|
| CCI 201 | Financial Accounting | |
| CCI 202 | Fundamentals of Management | |
| CCI 203 | Records Management | |
| CCI 204 | Business Calculations & Statistics | |
| CCI 205 | Information & Communication Technology | |

Preferred Examination Centre: Nairobi ☐ Mombasa ☐ Eldoret ☐ Kisumu ☐
(Tick as Appropriate)

DIPLOMA UNITS (Please Tick appropriately ✓ for new entry and RT for retake).

Module I

| CODE | SUBJECT TITLE | TICK |
|---------|--------------------------------------|------|
| DIP 101 | Introduction to Insurance | |
| DIP 102 | Principles and Practice of Insurance | |
| DIP 103 | Legal Aspects of Insurance | |
| DIP 104 | Business Communication | |
| DIP 105 | Information Communication Technology | |
| DIP 106 | Financial Accounting | |
| DIP 107 | Life Skills | |

Module II

| CODE | SUBJECT TITLE | TICK |
|---------|--------------------------------------|------|
| DIP 201 | Life Assurance | |
| DIP 202 | General Insurance | |
| DIP 203 | Quantitative Techniques in Insurance | |
| DIP 204 | Entrepreneurship | |
| DIP 205 | Economics | |
| DIP 206 | Marketing | |
| DIP 207 | Industrial Attachment | |

MODULE III UNITS COMPULSORY UNITS

| CODE | SUBJECT TITLE | Tick |
|---------|---------------------------------------|------|
| DIP 301 | Principles and Practice of Management | |
| DIP 302 | Financial Management | |
| DIP 303 | Risk Management | |

Module III Option Electives**Pension Option Elective**

| CODE | SUBJECT TITLE | Tick |
|---------|--|------|
| DIP 305 | Retirement Benefits Practice, Law and Taxation | |
| DIP 306 | Financial Aspects of Retirement Funds | |
| DIP 307 | Retirement Benefits Fund Management | |

Life Assurance Option Elective

| CODE | SUBJECT TITLE | Tick |
|---------|--|------|
| DIP 308 | Life Assurance Practice and Administration | |
| DIP 309 | Financial Aspects Life Business | |
| DIP 310 | Life Assurance Underwriting and Claims | |

General Insurance Option A Elective

| CODE | SUBJECT TITLE | Tick |
|---------|---|------|
| DIP 311 | Fire Insurance Underwriting and Claims | |
| DIP 312 | Motor Insurance Underwriting and Claims | |
| DIP 313 | Liability Insurance | |
| DIP 314 | Business Interruption Insurance | |
| DIP 315 | Engineering and Construction Insurance | |
| | | |

General Insurance Option B Elective

| CODE | SUBJECT TITLE | Tick |
|---------|-----------------------------------|------|
| DIP 316 | Marine Insurance | |
| DIP 317 | Aviation Insurance | |
| DIP 318 | Insurance Broking | |
| DIP 319 | Re-insurance and its Applications | |
| DIP 320 | Health Insurance | |
| DIP 321 | Agriculture Insurance | |

Preferred Examination Centre (Tick as Appropriate): Nairobi ☐ Mombasa ☐ Eldoret ☐ Kisumu ☐
Nakuru ☐ Nyeri ☐

Time of study

Day or Evening Specify: _____

Paid by (tick one): Self ☐ Company ☐ Name of the Company _____

Declaration by the Applicant

I hereby certify that all statements on this application form and any material filed in support hereof are true, correct and complete and all required information has been disclosed.

Signature of applicant: _____ Date: _____

FOR OFFICIAL USE ONLY**Fees and payments**

| | | | |
|--------------------------------|--|-------------------|--|
| Application Fees | | Study Manuals | |
| Registration fees (Annual fee) | | Tuition fees | |
| Library Fees (Per Semester) | | Examination fees | |
| Activity fees | | Attachment fee | |
| Personal Accident | | Late entry fees | |
| Student ID | | Total Fees | |

Admissions

Form checked by: _____ Date _____

Accounts

Cashier _____ Date _____

Total Fees paid: Kshs. _____ Balance: _____

Receipt No. _____

Examinations Department

Form checked by: _____ Date _____