



## EXECUTIVE CERTIFICATE OF PROFICIENCY IN INSURANCE APPLICATION AND REGISTRATION FORM

### Notes:

1. Complete the application form in capital letters
2. Enclose a photocopy of your identity card and certificates
3. Attach two (2) passport size photographs

### I. Personal data

Your Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nationality: \_\_\_\_\_ National ID No: \_\_\_\_\_

Religion: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email Address: \_\_\_\_\_

County: \_\_\_\_\_ Sub-County: \_\_\_\_\_

Ward: \_\_\_\_\_ Sub-Ward: \_\_\_\_\_

### II. Educational/training background

|                  | Levels  |           | Qualification |
|------------------|---------|-----------|---------------|
|                  | Primary | Secondary |               |
| School level     |         |           |               |
| College level    |         |           |               |
| University level |         |           |               |

Are you an insurance agent? Yes/No \_\_\_\_\_

If yes, which company are you working for? \_\_\_\_\_

#### Declaration:

I hereby certify that the above information is correct and I agree to abide by the rules and regulations.

Trainee's Signature \_\_\_\_\_ Date \_\_\_\_\_



### ***III. For official use only***

#### ***Verification of identification***

Identity card No: \_\_\_\_\_

Passport photograph: \_\_\_\_\_

Admission no: COP/EP/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Confirmation by registering officer: \_\_\_\_\_