

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

Are you an insurance agent? Yes/No _____

If yes, which company are you working for? _____

Declaration:

1. NOTE THAT IF YOU PROVIDE MISLEADING / FALSE INFORMATION ABOUT YOURSELF IN THE APPLICATION FORM YOU WILL BE AUTOMATICALLY DISQUALIFIED.
2. I confirm that the above information is true and correct:

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: _____