



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:

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: _____