



## 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: \_\_\_\_\_