



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

Surname: _____

Other names: _____

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:

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: _____

IV. Certification

Certificate Number: _____

Signature: _____ Date _____

Director College of Insurance

Certified photograph

Certified photocopy of National ID card

