

**Course Name:**

**08h30 - 16h00**

**Selected Date:**

**INDIVIDUAL DELEGATE REGISTRATION**

**VENUE TO BE ADVISED two week prior to the training session**

**Section A**

**Personal Details**

Surname:	<input type="text"/>	Initials:	<input type="text"/>
First Name:	<input type="text"/>	Title (Mr/Mrs/Ms):	<input type="text"/>
ID No:	<input type="text"/>	IIN M/Ship No	<input type="text"/>
Employer:	<input type="text"/>		
Position:	<input type="text"/>		
Physical Address:	<input type="text"/>		
Tel (Office):	<input type="text"/>	Fax (Office):	<input type="text"/>
Email Address:	<input type="text"/>	Cell No:	<input type="text"/>

**Section B**

**Payment Information**

Mark registration type with with **X** :

IIN Member  Non Member

\* I enclose a cheque made payable to the Insurance Institute of Namibia   
or

\* I enclose proof of direct deposit (NB: Please use Invoice No as deposit reference)

Banking Details:	Bank Name:	Nedbank Namibia Limited
	Branch Name:	Hidas Centre
	Account Type:	Current Account
	Account Name:	The Insurance Institute of Namibia
	Account Number:	11000067883
	Branch Number:	461,030

**NB! Invoice will be sent upon receipt of registration form**

**Section C**

**Declaration**

\* I understand that submitting this form constitutes a registration for the above event.

\* I acknowledge that the Insurance Institute of Namibia does not refund or substitute any fees paid for events and that I remain responsible for any Invoice issued

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that venue capacity is limited and seats will be allocated upon receipt of completed registration forms only.**

**Please send completed Registration Form to : iin@iway.na**