



**INSURANCE INSTITUTE**  
N A M I B I A

## THE INSURANCE INSTITUTE OF NAMIBIA

1<sup>st</sup> Floor Ausspann Centre, Ausspannplatz,  
47 Rehobother Road, Windhoek.  
P O Box 208, Windhoek, Namibia.  
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Mobile: 081 299 7035

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[www.iinnamiba.com](http://www.iinnamiba.com)

### **Enrolment for the Certificate in Short-Term Insurance Qualification offered by The Insurance Institute of Namibia.**

Dear Learner

We wish you success to this enhancement of your career.

Please complete this document to the at most accuracy, to make sure that we register you on our system correctly, and that during this process, communication and qualification is done to your and our expectations speedy and without hassles.

<b>Registration Date:</b>	
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### **Section A: Information**

<b>Employer:</b>	<b>Full Name please</b>	<b>Division</b>	<b>Manager</b>
<b>ID Number</b>			
<b>Surname</b>			
<b>First name</b>			
<b>Middle name</b>			
<b>Maiden name</b>			
<b>Title (Mr./Mrs./Ms)</b>			
<b>Gender: Male or Female</b>			
<b>Nationality</b>			
<b>Home language</b>			



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[www.iinnamibia.com](http://www.iinnamibia.com)

<b>Citizen resident status</b>	<b>NAMIBIA: Yes/No Other:</b>
<b>If any disability status</b>	
<b>Province</b>	
<b>Contact details</b>	<b>Telephone number</b>
<b>Email address</b>	
<b>Physical Address</b>	
<b>Postal Address</b>	
<b>Communication will be done via Email / Fax or telephonically (please indicate preferences )</b>	

**Section B: Admission Particulars: Documentary evidence and supporting information**

Please ensure that the correct documentation is attached to this application.

**Please include:**

**(please tick the box to ensure you include these documents in your application)**

- 1x original certified copy of your ID (not certified older than 3x months)
- 1x original certified copy of your matric certificate (not certified older than 3x months)
- 1x original certified copy of your Marriage certificate, where surname differs on ID and matric certificate (not certified older than 3x months)

**Section C: Billing Details**

<b>Billing details of Employer</b>	
Legal Name of Employer	
Trading Name of Employer	
Company Registration No	
Skills Development Levy No (SDL No)	
VAT number	
Physical Address	
Postal Address	
Tel and Fax No	Tel (    ) Fax (    )



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[www.iinnamibia.com](http://www.iinnamibia.com)

## **Section D: Learner Declaration of Confidentiality**

I hereby certify that the information entered above is correct and complete.

I give The Insurance Institute of Namibia permission to use the above information to obtain information regarding my academic record from any school, university or other institution attended by me.

I herewith give permission to The Insurance Institute of Namibia to collect, store and use my personal information only for the purpose of my studies with them.

I also give consent that my results and statement of results can be shared with the following departments if required by them:

- My current employer – Email address: \_\_\_\_\_
- My current training department – Email address: \_\_\_\_\_
- My current compliance officer – Email address: \_\_\_\_\_
- Other: Please indicate: \_\_\_\_\_

I understand that the information collected above is confidential and will not be disclosed to any third parties without my consent, except to meet government, legal and other regulatory authority requirements as well as Company Compliance Officers and Training Academies.

## **Section E: Admission signed by applicant:**

Signatures: In completing and submitting this document to us, you acknowledge that you are liable for the full fee prior to you beginning your learning experience.	
<b>Learner Signature</b>	
<b>Date</b>	