

**MEMBERSHIP APPLICATION 2024/2025**

*(Information submitted to the Insurance Institute is treated with strict confidentiality)*

Section A Personal Details			
Surname:	<input type="text"/>	Initials:	<input type="text"/>
First Name:	<input type="text"/>	Title (Mr/Mrs/Ms/Other):	<input type="text"/>
ID No:	<input type="text"/>	Date of Birth:	<input type="text"/>
Employer:	<input type="text"/>		
Position:	<input type="text"/>		
Physical Address:	<input type="text"/>		
Tel (Office):	<input type="text"/>	Years experience in Insurance Sector:	<input type="text"/>
Email Address:	<input type="text"/>	Mobile No:	<input type="text"/>

Section B Academic			
Qualification:	<input type="text"/>	Year obtained:	<input type="text"/>
Details of Qualification (Degrees, Honours Degrees, Diplomas):	<input type="text"/>		
<input type="text"/>			
Insurance Qualification:	<input type="text"/>	Year obtained:	<input type="text"/>
Existing Qualification (s)(COP, ICIBS, HCII, ACII, FCII, NQF4, NQF5, Other):	<input type="text"/>		
<input type="text"/>			

Section C Training Requirements																						
General:	<table border="1"> <tr> <td>Introduction to Short-Term Insurance or Long-Term Insurance (Bootcamp)</td> <td>Short-term</td> </tr> <tr> <td>(History, Development, Basic Principles, Legal Framework)</td> <td>Long-term</td> </tr> </table>	Introduction to Short-Term Insurance or Long-Term Insurance (Bootcamp)	Short-term	(History, Development, Basic Principles, Legal Framework)	Long-term																	
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Skills Development:	<table border="1"> <tr> <td><input type="text"/> Soft Skills</td> <td><input type="text"/> HR/Industrial Relations</td> </tr> <tr> <td><input type="text"/> Microsoft Office Courses e.g. Excel</td> <td><input type="text"/> Basic Tax Training</td> </tr> <tr> <td colspan="2"><input type="text"/> Other (Indicate details below)</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> </table>	<input type="text"/> Soft Skills	<input type="text"/> HR/Industrial Relations	<input type="text"/> Microsoft Office Courses e.g. Excel	<input type="text"/> Basic Tax Training	<input type="text"/> Other (Indicate details below)		<input type="text"/>														
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Continuous Professional Development (Tick):	<table border="1"> <tr> <td><input type="checkbox"/> NQF4</td> <td><input type="checkbox"/> NQF5</td> <td><input type="checkbox"/> Online Short Courses</td> </tr> <tr> <td><input type="checkbox"/> Marine (Ships, Liability)</td> <td><input type="checkbox"/> Personal Accident</td> <td><input type="checkbox"/> Commercial Crime</td> </tr> <tr> <td><input type="checkbox"/> Aviation (Aircraft, Liability)</td> <td><input type="checkbox"/> Guarantee</td> <td><input type="checkbox"/> Goods in Transit</td> </tr> <tr> <td><input type="checkbox"/> Engineering</td> <td><input type="checkbox"/> Reinsurance</td> <td><input type="checkbox"/> Risk Management</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Motor</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Liabilities</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> NQF4	<input type="checkbox"/> NQF5	<input type="checkbox"/> Online Short Courses	<input type="checkbox"/> Marine (Ships, Liability)	<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Commercial Crime	<input type="checkbox"/> Aviation (Aircraft, Liability)	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Goods in Transit	<input type="checkbox"/> Engineering	<input type="checkbox"/> Reinsurance	<input type="checkbox"/> Risk Management			<input type="checkbox"/> Motor			<input type="checkbox"/> Liabilities			<input type="checkbox"/> Other
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Section D Declaration	
<p>* I hereby declare that the information provided is true, accurate and complete to the best of my knowledge and belief.</p> <p>* I am aware that any false statements may invalidate the application and/or disqualify me from becoming a member.</p> <p>* In addition, I declare that I am aware that the Insurance Institute of Namibia is a Professional Institute, operated not for gain and I will support and subscribe to all the aims and activities of the Insurance Institute of Namibia to the best of my abilities.</p> <p>* I accept that membership of the Insurance Institute of Namibia places a responsibility on me to conduct myself at all times in accordance with the Code of Conduct of the Insurance Institute of Namibia.</p> <p>* I have applied for individual membership voluntarily and agree that membership will automatically be renewed on the payment basis of option chosen: Annual <input type="text"/> Quarterly <input type="text"/> Monthly <input type="text"/></p> <p>* I accept that an individual membership cancellation requires 3 months' written notice of my intention to cancel in the event thereof.</p> <p>* I have read and understand the Membership Terms and Conditions in respect of Membership Fees and Payment Terms annexed.</p>	
Signed this ..... day of ..... 2024 at .....	
Signature: _____	