

MEMBERSHIP APPLICATION 2025/2026

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

Section A

Personal Details

Surname: Initials:

First Name: Title (Mr/Mrs/Ms):

ID No: Date of Birth:

Employer:

Position:

Physical Address:

Tel (Office): Fax (Office):

Email Address: Cell No:

Section B

Academic

Qualification: Year obtained:

Details of Qualification (Degrees, Diplomas):

Insurance Qualification: Year obtained:

Details of Qualification (COP, ICIBS, HCII, ACII, FCII, Other):

Section C

Training Requirements

General: Introduction to Short Term Insurance (History, Development, Basic Principals, Legal Framework)

Standards & Procedures (Policy Administration, incl Claims Procedures)

Skills Development: Analyse & Assess Clients Needs Evaluate Risk Exposure

Determine Underwriting Criteria Audit & Credit Control **Other (Indicate details below)**

Personal Lines: Product Knowledge (House owners, Householders, All Risks, Motor Etc)

Commercial: Multimark III Product Knowledge (Fire, B/Interruption, Money, Glass, B/All Risks Etc)

Continuous Professional Development (Tick):

NQF 4 Qualification

Online Short Courses

Section D

Involvement

Please indicate in which of the activities of the Insurance Institute you are willing to assist:

Membership Education Training Events

Section E

Declaration

- * I hereby declare that the information provided is true, accurate and complete to the best of my knowledge and belief.
- * I am aware that any false statements my invalidated the application and/or disqualify me from becoming a member.
- * 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 my abilities.
- * 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.

Signed this day of 2025 at

Signature: _____

Please send completed Application Form to : office@iinnamibia.com