

ASSOCIATESHIP REGISTRATION FORM 2 0

| APRIL | OCTOBER | |
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| PIN NUMBER | | | | | | |
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| ATTACHED THE DOCUMENTS AS PER LIST BELLOW PLEASE TICK THE RELEVANT BOXES. | | | | | | | | | | | | | | | |
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| | NEW S | NEW STUDENTS RENEWAL STUDENTS | | | | | | | | | | | | | |
| PROOF OF PAYME | PROOF OF PAYMENT | | | | | | | | | [| | | | | |
| CERTIFIED COPY C | COPY OF ID/PASSPORT | | | | | | | | | | | | | | |
| CERTIFIED COPIES | S [| | | | [| | | | | | | | | | |
| WHERE DID YOU HEAR ABOUT THE IIZ? Word of mouth Advertisement Website | | | | | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | | | | | |
| SECTION A — PERSONAL DETAILS (Your name should be entered as you wish it to appear on all IIZ documents) MALE FEMALE | | | | | | | | | | | | | | | |
| SURNAME | AME MR/MRS/MS/OTHER | | | | | | | | | | | | | | |
| Forenames Nationality ID Number Home Address | | | | | | | | | | | | | | | |
| Telephone Email** Qualification Work address | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | | | | | | | |

MEMBER NON MEMBER Risk and Insurance **Business Interruption Insurance Broking Estate Planning** Reinsurance Practice Life Insurance Claims Risk Management Life Insurance Practice Marine and Aviation Insurance **Retirement Planning** Health Insurance **Engineering and Construction** Liability Insurance (Please tick one box per category) Type of organisation Bank/Building Society Broker/Intermediary Insurance Co. Legal Reinsurance Co. Life Assurance Co Funeral Assurance Co. Other Area of Work Administration **Broking** Claims/Loss adjusting Finance HR/Training Underwriting Sales/Marketing Other Risk Mgt/Surveying **Job Category** CEO/Director Middle Mgt Senior Mgt Supervisory Other Trainee SECTION C (EXAM CENTRE AND DECLARATION) **GWERU HARARE BULAWAYO** MASVINGO **MUTARE** MAPUTO **FRANCISTOWN GABORONE** CAS - MASERU **EZULWINI** I understand that this fee is NEITHER refundable NOR Transferable Signed _____ **FOR OFFICE USE** Date registered Amount paid Date study material POSTED COLLECTED

SECTION B (EXAMINATION MODULE)