



**SECTION B (EXAMINATION MODULE)**

MEMBER  NON MEMBER

COP SHORT TERM  COP LONG TERM  TRUSTEESHIP

PORTUGUESE

**(Please tick one box per category)**

**Type of organization**

<input type="checkbox"/> Bank/Building Society	<input type="checkbox"/> Broker/Intermediary	<input type="checkbox"/> Insurance Co.	<input type="checkbox"/> Legal
<input type="checkbox"/> Reinsurance Co.	<input type="checkbox"/> Life Assurance Co	<input type="checkbox"/> Funeral Assurance Co.	<input type="checkbox"/> Other

**Area of Work**

<input type="checkbox"/> Administration	<input type="checkbox"/> Broking	<input type="checkbox"/> Claims/Loss adjusting	<input type="checkbox"/> Finance
<input type="checkbox"/> HR/Training	<input type="checkbox"/> Underwriting	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Other
<input type="checkbox"/> Risk Mgt/Surveying			

**Job Category**

<input type="checkbox"/> CEO/Director	<input type="checkbox"/> Middle Mgt	<input type="checkbox"/> Senior Mgt	<input type="checkbox"/> Supervisory
<input type="checkbox"/> Trainee	<input type="checkbox"/> Other		

**SECTION C (EXAM CENTRE AND DECLARATION)**

HARARE	<input type="checkbox"/>	BULAWAYO	<input type="checkbox"/>	GWERU	<input type="checkbox"/>	MASVINGO	<input type="checkbox"/>
MUTARE	<input type="checkbox"/>	MAPUTO	<input type="checkbox"/>	FRANCISTOWN	<input type="checkbox"/>	GABORONE	<input type="checkbox"/>
EZULWINI	<input type="checkbox"/>	CAS - MASERU	<input type="checkbox"/>				<input type="checkbox"/>

I understand that this fee is NEITHER refundable NOR Transferable

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE**

Date registered ..... Amount paid .....

Date study material POSTED ..... COLLECTED .....