

COP REGISTRATION FORM 20

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CANDIDATE NUMBER

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS REGISTRATION FORM. ONCE YOU HAVE ATTACHED THE DOCUMENTS AS PER LIST BELLOW PLEASE TICK THE RELEVANT BOXES.

	NEW STUDENTS	RENEWAL STUDENTS		
PROOF OF PAYMENT				
CERTIFIED COPY OF ID/PASSPORT				
CERTIFIED COPIES OF EDUCATIONAL QUALIFICAT	IONS			
WHERE DID YOU HEAR ABOUT THE IIZ?				
Word of mouth Advertisen	nent 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	MR/MRS/MS	/OTHER		
Forenames Nationality ID Number Home Address				
Telephone Email** Qualification Company Company add				
Date of birth				

SECTION B (EXAMINATION MODULE)			
MEMBER NON MEMBER			
COP SHORT TERM COP LONG TERM TRUSTEESHIP			
PORTUGUESE			
(Please tick one box per category)			
Type of organization			
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			
Nisk ivigt/ Surveying			
Job Category			
CEO/Director Middle Mgt Senior Mgt Supervisory			
Trainee Other			
CECTION C (EVANA CENTRE AND DECLARATION)			
SECTION C (EXAM CENTRE AND DECLARATION)			
HARARE BULAWAYO GWERU MASVINGO			
MUTARE MAPUTO FRANCISTOWN GABORONE			
EZULWINI CAS - MASERU			
I understand that this fee is NEITHER refundable NOR Transferable			
Signed Date			
FOR OFFICE USE			
Date registered Amount paid			
Date study material POSTEDCOLLECTED			