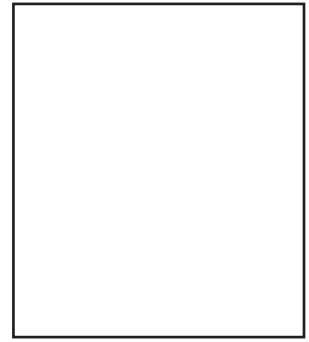




Insurance
INSTITUTE OF EAST AFRICA

ENROLLMENT FORM



Attach coloured Photograph

Date:.....

Personal Details (Please Complete Form In Capital)

Surname:

Other Names:

Date of Birth:.....Gender M F Marital Status:.....

Telephone Number:.....

Email Address:.....

Postal Address:.....

Desired Course (Programme)

- Skills Unit
- Certificate
- Diploma
- Designation
- RPL
- Certification

Write course(s) Name in full:

.....

.....

Academic Qualifications

(Please attach all academic qualifications and summarize in the table below to aid your application.)

Year	Institution	Qualification	Grade

Fees to be paid to the following Bank Account:

Bank: Stanbic Bank | **Branch:** Kenyatta Avenue

Account Name: Insurance Institute of East Africa

Account No: 0100004718237 | **Bank Code:** 31000 | **Branch Code:** 31002

Swift Code: SBICKENX

All fees MUST be paid through the Bank and submit deposit slip to the office in person or electronically. Cash Payments not ACCEPTED.

Declaration

I, _____ of ID/Passport No _____ Do hereby confirm that all the above information, attached documents and any other information supplied are true and shall be bound to consequences related to them if found to be untrue. I also confirm that I have read and understood the information on this form and on the course I wish to register for and have fully understood the terms and conditions.

Signature: _____

For official use only:

Name of Registration Officer _____

Date Registered _____ **Registration Number** _____

Remarks _____

Signature _____