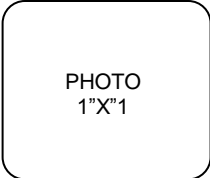




Insurance Institute for Asia and the Pacific, Inc.

http://www.iiap.com.ph



APPLICATION FOR ADMISSION

FORM 0930

This section should be filled-out by Applicant

SEMINAR TITLE		LIFE INSURANCE AGENTS COURSE				Sponsoring Company		
PERSONAL	Print Name (Family Name) (First Name) (Middle Name)		Citizenship					
	Title of Present Position		Profession		Email Address			
	Business Address (Company Name) (Street or P.O. Box, City/Province/Country)		Office Tel No					
	Home Address				Residence/Mobile No			
	Age	Sex	Date of Birth (mm/dd/yyyy)	Place of Birth		Civil Status Single Married Widowed Separated		
EDUCATION	Type of School	Name and Location of School		No of Years Finished	Year Graduated	Degree		
	High School							
	College or University							
	Graduate Other Formal Education							
	Other Courses and Seminars Attended (During the last 3 years)							
	Course		Year		Where Taken			
Work Experience	Company		Location		Position		From	To

SIGNATURE OF APPLICANT

This section is reserved for Life Insurance Co. Personnel Only

Date of Seminar _____

Certification

This is to certify that _____
Surname First Name Middle Name

Has undergone the necessary pre-licensing theoretical and actual training with _____
to sit for the Life Insurance Agents Course validating final exam. Company

This is to certify further that the applicant is morally fit and technically able to represent our company and market our life insurance products.

Printed Name and Signature
IIAP Accredited Trainer

Date of Application