

4. AWARD BEING APPLIED FOR

Fellow
 Chartered
 Senior Associate (AIU)
 Associate (IIU)
 Certificate (Cert. IIU)

5. INSURANCE TRAINING/PRESENTATION DONE IN THE LAST THREE YEARS

Date	Employer	Position Held

6. MAJOR IIU EVENTS ATTENDED

List down the major activities organized by IIU that you attended apart from Seminars and workshops.

7. INSURANCE AWARDS RECEIVED

Year	Insurance award	Awarding Institution

8. Declaration by the Applicant

I hereby declare that the information provided above is true, accurate and complete to the best of my knowledge and belief. I also authorize The Insurance Institute of Uganda to enquire about the authenticity of my documents and to contact the institutions which are in position to assess the information provided in this application

Date: _____ Signature: _____

FOR OFFICIAL USE ONLY

Received by: Head of Membership & Compliance:..... Date:

Verified BY: Head of Examinations & Awards: Date:

Comments by the Committee:

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Committee Chairperson: Date:

Committee Secretary: Date: