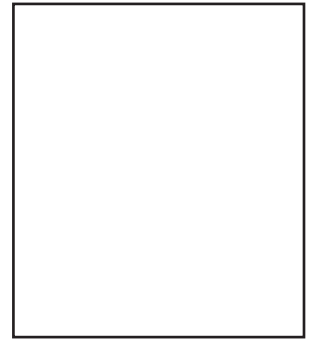




Insurance
INSTITUTE OF EAST AFRICA

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:

.....
.....



Insurance Institute of East Africa
Brunei House, 3rd Floor | Witu Road off Lusaka Road
P.O. Box 16481 - 00100 Nairobi, Kenya
Tel: +254 20 6530128 | 6530298
Mobile: + 254 723 334 408 | 733 812 695
E-Mail: info@iiea.co.ke | www.iiea.co.ke



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 _____