



The Insurance Institute of Zambia

34 Mwapona Road, Room 2, Woodlands:P O Box 31628:Lusaka; Cell:0973646990

E-mail:felix@iiza.org:Website:www.iiza.org

Affiliate of the Chartered Insurance Institute (CII)-UK

MEMBERSHIP APPLICATION FORM

All Correspondence to be addressed to the: Honorary Secretary

A. PERSONAL DETAILS: MEMBERSHIP NO.

Surname:			
Forename:			
NRC Number:		Gender: (Tick where applicable)	M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	DD / MM / YYYY	Nationality:	
Postal Address:			
Residential Address:			
Mobile Number:		Tel Number:	
E-mail Address:			
Occupation:			
How many years have you been working in the Insurance and pensions industry?			

B. EMPLOYER DETAILS:

Company Name:				
Job Title:				
Employer Address:				
Telephone No.		Fax No.		
Area of work:	(Tick where applicable)			
	Underwriting	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
	Claims Administration	<input type="checkbox"/>	Insurance Broking	<input type="checkbox"/>
	Pensions Administration	<input type="checkbox"/>	Loss Adjusting/Assessment	<input type="checkbox"/>
	Pensions Management	<input type="checkbox"/>	Risk Surveyor	<input type="checkbox"/>
	Life Sales & Marketing	<input type="checkbox"/>	Consultant	<input type="checkbox"/>
	Non Life Sales & Marketing	<input type="checkbox"/>	Corporate Management	<input type="checkbox"/>
	Actuarial	<input type="checkbox"/>	Fund/Asset Management	<input type="checkbox"/>
	Reinsurance	<input type="checkbox"/>	Training	<input type="checkbox"/>
	Premium Administration	<input type="checkbox"/>	Student	<input type="checkbox"/>
	Finance/Accounting	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
		<input type="checkbox"/>	Others	<input type="checkbox"/>

C. MEMBERSHIP DETAILS:	(Tick where applicable)		
	Student (if not working but pursuing studies):	Designation:	SIIZA <input type="checkbox"/>
	Ordinary (if just working in the insurance & pensions Industry):	Designation:	MIIZA <input type="checkbox"/>
	Associate:	Designation:	AIIZA <input type="checkbox"/>
	Fellow:	Designation:	FIIZA <input type="checkbox"/>

D. PROFESSIONAL QUALIFICATION: LEVEL: DESIGNATION:	Certificate:	Advanced Certificate	Diploma:	National/Advanced Diploma:			
	NCI/CII	Cert PMI	NACI	Dip CII	Dip PMI	Dip CILA	NDI
	ACII	APMI	ACILA	FCII	FPMI	FILA	FLMI
	(Other Professional Qualifications/Degree in Insurance/Pension/Risk)						

Please attach copy(ies) of your qualification certified by an Associate/Fellow of CII and latest Curriculum Vitae showing a summary of work undertaken and responsibilities.

E. PAYMENT DETAILS:	Designation:	SIIZA	Membership Fee:	ZMW	100.00
	Designation:	MIIZA	Membership Fee:	ZMW	500.00
	Annual Membership Fee: Designation:	AIIZA	Membership Fee:	ZMW	750.00
	Designation:	FIIZA	Membership Fee:	ZMW	1,000.00

NOTE: Deposit the membership Fee in the bank account at: Insurance Institute of Zambia, ZANACO Premium House Branch, Account Number 1327403500164 and attach deposit slip to this application.

