

**SALES REPRESENTATIVE TUTORIALS
APPLICATION FORM**

SECTION 1

Participation: **In-house** **Elearning**

Name of tutorial(s) being applied for:

- Insurance Act
- Accident/Sickness & Health
- Liability Insurance
- Marine Insurance
- Motor Vehicle Insurance
- Pecuniary Loss Insurance
- Property Insurance

DATES OF TUTORIALS BEING APPLIED FOR: _____

HAS APPLICANT DONE INTRODUCTION TO INSURANCE OR ANY OF THE SIX CLASSES OF BUSINESS:

YES NO - IF YES, PLEASE STATE _____

NAME *(Please use block capitals)*

SURNAME: _____ **MIDDLE:** _____ **CHRISTIAN:** _____

DATE OF BIRTH: _____ **MARITAL STATUS:** _____

ADDRESS: _____ **MAILING ADDRESS:** _____
_____ *(If different from current)* _____

TELEPHONE: Home: _____ Work: _____ Mobile: _____

EMAIL: _____

SECTION 2

EMPLOYMENT STATUS: Full Time Part Time Not Employed

JOB TITLE: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

COURSE SPONSORSHIP: Self Employer Other

If being sponsored by an Employer or other Entity:

NAME OF ORGANIZATION OR INDIVIDUAL _____

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

If company sponsored, position held and signature of authorized personnel: _____

Please affix company stamp

APPLICANT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Student Name: _____ Amount paid on registration: \$ _____

Class(es) of business: _____ Balance due : \$ _____

ALL FEES MUST BE PAID BEFORE THE COMPLETION OF THE TUTORIAL SESSIONS