

SALES REPRESENTATIVE TUTORIALS
APPLICATION FORM

SECTION 1

Participation: ☐ In-house ☐ Elearning

Name of tutorial(s) being applied for:
☐ 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 (state) _____

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: _____

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

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

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