

**EXAMINATION OF SALESMAN
INSURANCE ACT 2001, REG. 37
APPLICATION FORM**

Please print or type.

SURNAME: _____ MIDDLE: _____ CHRISTIAN: _____

ADDRESS: _____

EMPLOYERS NAME: _____

EMPLOYERS ADDRESS: _____

CLASS(ES) OF BUSINESS TO WHICH APPLICATION APPLIES

- | | |
|--|---|
| <input type="checkbox"/> Motor Vehicle Insurance | <input type="checkbox"/> Pecurinary Loss |
| <input type="checkbox"/> Property Insurance | <input type="checkbox"/> Marine, Aviation and Transport |
| <input type="checkbox"/> Liability | <input type="checkbox"/> Personal Accident |

DATE OF EXAMINATION: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

NAME OF MANGER: _____ CONTACT NUMBER: _____

SIGNATURE OF MANGER: _____ DATE: _____

COMPANY STAMP:

FOR OFFICE USE ONLY

Candidate Number(s)	Date Received	Date Of Examination	Results

NOTE: See Terms and Conditions Overleaf

TERMS & CONDITIONS FOR INSURANCE SALESMAN EXAMINATIONS

1. Registration for Course is **SEPARATE** from Registration for Examination.
2. Examination fees are **NON-REFUNDABLE**.
3. **ALL** Applicants **MUST** complete an Examination Registration form and submit with the relevant examination fee.
4. **ALL** Application forms **MUST** include Manager's Name, Signature and Contact Number. Company stamp **MUST** also be affixed.
5. Complete Application Form(s) **MUST** be accompanied by a cover letter signed by the Manager indicating the name(s) of candidate(s) and the particular examination(s). Application forms submitted by Agents will **NOT** be accepted.
6. **ALL** Applicants **MUST** submit a valid form of identification on the date of the examination in order to be allowed to write the examination. Failure to submit a valid form of identification will result in the candidate not being allowed to sit the particular examination.
7. Applicants should be informed that **ALL MOBILE PHONES AND PAGERS MUST BE TURNED OFF BEFORE ENTERING THE EXAMINATION ROOM**. Failure to comply will result in automatic ejection from the particular examination.