



Insurance Institute for Asia and the Pacific, Inc.

www.iiap.com.ph

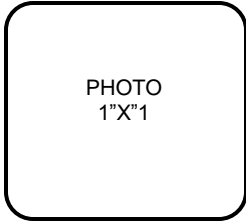


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APPLICATION FOR ADMISSION

Sheet is for office record only

SEMINAR TITLE						Date of Application					
PERSONAL	Print Name		(Family Name)	(First Name)	(Middle Name)	Citizenship					
	Title of Present Position				Profession		Email Address				
	Business Address		(Company Name)	(Street or P.O. Box, City/Province/Country)			Office Tel No				
	Home Address						Residence/Mobile No				
	Age	Sex	Date of Birth (mm/dd/yyyy)		Place of Birth		Civil Status		Single	Married	Widowed
EDUCATION	Type of School	Name and Location of School			No of Years Finished	Year Graduated	Degree				
	High School										
	College or University										
	Graduate Other Formal Education										
	Other Courses and Seminars Attended (During the last 3 years)										
	Course				Year	<input type="checkbox"/>	<input type="checkbox"/>	Where Taken		<input type="checkbox"/>	
WORK EXPERIENCE	Company			Location		Position		From	To		
Are you sponsored by:											
Company			Self		Other sponsors (give details)						
Signature of Applicant											
Signature of Endorsing Official (To be signed only if Company Sponsored)											
Name and Title of Endorsing Official (Please print)											

FOR OFFICE USE:		
Student no	_____	<input type="checkbox"/>
Date Received	_____	<input type="checkbox"/>
Action	_____	<input type="checkbox"/>
Notice	_____	<input type="checkbox"/>

SEND THIS APPLICATION TO:

Admission Committee
Insurance Institute for Asia and the Pacific, Inc.
 26/F, Ayala Life-FGU Center, 6811 Ayala Avenue, Makati City
 Tel No. 887-7444 to 46 Fax No. 887-7443
 Email Add: education@iiap.com.ph