



# INSURANCE (INDUSTRY) COMPENSATION FUND

## APPLICATION FOR EMPLOYMENT

**For Office Use only**  
**Remarks:**

Please complete this form in typescript or block letters. You may continue on a separate sheet (preferably A4 size), but please ensure that any additional sheets bear your full name and the advertisement reference number.

POST APPLIED FOR:			
SURNAME:	TITLE: (MR/MRS/MISS)		Do you hold a full valid driving license?  YES/NO
FIRST NAME:	DATE OF BIRTH	AGE	Category of License: (e.g. Car, Van)
NATIONAL ID NO:			GENDER: MALE / FEMALE
MAIDEN NAME:			
RESIDENTIAL ADDRESS:			
CONTACT NO: Home:		Office:	
Mobile:		Email address:	
<b>EDUCATION AND QUALIFICATION</b> <i>(Please attach copies of certificates) (Additional information, if any, may be attached separately)</i>			
DATES		SCHOOL/COLLEGE	QUALIFICATION AND GRADES OBTAINED
FROM	TO		
<b>UNIVERSITY / FUTHER EDUCATION</b> <i>(Please attach copies of certificates)</i>			
DATES		UNIVERSITY	QUALIFICATION AND GRADES OBTAINED (SPECIFY IF FULL/PART TIME ETC.)
FROM	TO		

**Professional Body and Membership Status (Whether by examination) and Date Obtained (Please attach copies of certificates)**

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**EMPLOYMENT HISTORY**

**POSTS HELD AND EXPERIENCE (Please attach documentary evidence)**

Give details of posts held, names and addresses of employers and particulars of your employment. When experience has been particularly relevant to your application, describe fully the nature of work undertaken.

DATES		NAME OF ORGANISATION	POST HELD
FROM	TO		

**IMPORTANT**

**PLEASE READ THE ADVERTISEMENT CAREFULLY: Incomplete, inadequate or inaccurate filling of the form may cause the applicant’s elimination from consideration. It is an offence to give false information or to conceal any relevant information. This may lead to an application being rejected or, if a candidate has already been appointed, to the termination of his appointment.**

**DECLARATION**

I....., the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Date.....

Signature.....