



P O Box 715 Gaborone, Botswana

Tel: +267 3924287

/ 3924293

Email: [insuranceinstituteofbotswana@gmail.com](mailto:insuranceinstituteofbotswana@gmail.com)

Certificate Number: CR12094

**INDIVIDUAL MEMBERSHIP FORM**

**A. PERSONAL DETAILS**

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Title: Mr ☐ Mrs ☐ Dr ☐

Maiden surname if any qualification obtained under it: \_\_\_\_\_

First Names: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

ID Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Gender : Male: ☐ Female: ☐

Nationality: \_\_\_\_\_

Disabilities: None: ☐ Physical: ☐ Vision: ☐ Hearing: ☐ Other: \_\_\_\_\_

In the interest of promoting IIB and your IIB designation, we request your permission to add your name to the list of members on our website, should this application be successful. No contact information will be displayed.

Yes: ☐ No: ☐

Would you like to receive information regarding IIB marketing activities? Yes: ☐ No: ☐

**B. ACADEMIC & EMPLOYMENT HISTORY:**

Highest Qualification: None: ☐ Cambridge: ☐ Diploma: ☐ Bachelor's Degree: ☐

Masters: ☐ Doctorate: ☐ Other: ☐

Do you hold a membership of IISA/IIZ or any other insurance professional membership? Yes: ☐ No: ☐

If YES: Status: \_\_\_\_\_ Approximate date of Election: \_\_\_\_\_

Cop: ☐ Licentiate: ☐ Associate: ☐ Fellow: ☐

Please Attachment: C.V: ☐ Qualifications: ☐ Completed Form: ☐

If you are currently unemployed or employed outside of the insurance industry, please provide details

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**C. REFERENCES:**

The Applicant is known to me and I to him/her. I agree to be contacted by I.I.B for reference purposes.

Reference 1

Surname : \_\_\_\_\_ First Name: \_\_\_\_\_

Tel ( office ): \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / 2018



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**D. FEE STRUCTURE (2017):**

Membership Fee: Depending on the size of the company, between P 5000.00 and P13000.00

An Invoice will be issued on approval of your application.

Please be advised that membership of IIB becomes valid if your membership fees are paid in full.

Annual renewal of your membership is only valid if once your annual fees is paid AND have met the CPD requirements.

**DECLARATION:**

I hereby declare that the information provided above is true, accurate and complete to the best of my knowledge and belief.

I am aware that any false statement may invalidate the application and/or disqualify me from becoming a member.

In addition, declare that I am aware that the Insurance Institute of Botswana is a professional body operated not for gain and that I will support and subscribe to all aims and activities of the IIB to the best of my abilities.

I accept that membership of the IIB places a responsibility on me to conduct myself at all times in accordance with the Code of Conduct of IIB and to comply with the Constitution of the IIB.

I also confirm that I am aware of the regulations regarding membership , the need to maintain such membership so as to be entitled to display the qualifications initials behind my name and, if applicable to use a descriptive title.

I acknowledge that IIB board or its designee may take disciplinary action against me in terms of the Constitution and I undertake to comply with such action.

I accept that as a professional member of the IIB it is a requirement it terms of IIB, IIB that I complete my required CPD hours per annum to retain my professional designation.

SIGNED AT .....THIS .....DAY OF .....2018 SIGNATURE.....



Website: [www.iib.co.bw](http://www.iib.co.bw)