



# THE INSURANCE INSTITUTE OF UGANDA

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## APPLICATION FORM FOR NEW STUDENTS

**1. Please fill this form in CAPITAL LETTERS**

- Photocopies of past academic documents, two (2) recent colored passport photos and a photocopy of a valid Identity Card should be attached to this form.
- An admission letter will be issued to only those who meet the requirements and have also presented their original academic documents at the Institute for verification.
- Submission of false, forged or doctored/altered documents will lead to dismissal when discovered and any qualifications earned will be rescinded. The institute may place on you a temporary or permanent ban on applying for future admission
- Selection of course units in the programme of your choice should be distributed as shown below for one to complete and graduate.

Programme	Compulsory Courses	Core Courses	Complementary Courses	Specialization Courses	Total
Certificate Of Proficiency (COP)	1 paper	1 paper			2 papers
Certificate In Insurance (CIU)	1 paper	2 papers	2 papers		5 papers
Diploma In Insurance (DIU)	3 papers	3 papers	1 paper	2 papers	9 papers

- Information provided on this application form or any information arising during your course of study at the Insurance Institute of Uganda may be shared with the Insurance Regulatory Authority, your sponsor or any other relevant stakeholder.

### SECTION 1.0: PROGRAMME DETAILS

<b>Programme applied for:</b> (Certificate Of Proficiency or Certificate In Insurance or Diploma in Insurance)	
<b>Study Intake:</b> (January or April or July or September)	
<b>Study Centre:</b> (Kampala/Mbale/Gulu/Mbarara)	
<b>Preferred time of study:</b> (Morning/Evening/Weekend)	
<b>Papers applied for in this intake:</b>	1. _____ 2. _____ 3. _____ 4. _____

### SECTION 2.0: PERSONAL DETAILS

<b>Name</b> (Use names on academic documents)	<b>Surname:</b>
	<b>Other Names:</b>

Gender		Nationality	
Date of Birth		Disability(state if any)	
Contact	Mobile:		
	P.O. Box:		Email: <input type="text"/>

### SECTION 3.0: EDUCATION BACKGROUND

Name of School/Institution	From	To	Qualification

### SECTION 4.0: EMPLOYMENT RECORD

Name of Employer	Designation	From	To

### SECTION 5.0: SPONSORSHIP (tick the appropriate answer)

Self-Sponsored

Company Sponsored

*If Company sponsored' this section must be completed by the person coordinating sponsorship at your Company.*

Name of Company: .....

Name of Company Sponsor Coordinator: .....

Signature of Sponsor ..... Date .....

### SECTION 6.0: DECLARATION

**It should be noted by the applicant that:**

All cases of impersonation, falsification of documents or giving false/incomplete information whenever discovered either at registration or afterwards will lead to automatic **Cancellation of admission** or **Revocation of award** and prosecution in the Uganda Courts of Law.

I have noted and understood the implication of giving incomplete/incorrect information. I confirm that all the information given in this form is correct.

Signature of Applicant ..... Date .....