



## The Insurance Institute of Uganda

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Email: [info@iiu.ac.ug](mailto:info@iiu.ac.ug) Website: [www.iiu.ac.ug](http://www.iiu.ac.ug)

Affix Photo

### Membership Application

#### Category:

(please tick )

**Chartered**

**Diploma**

(completed Diploma exams )

**Fellows (FIU)**

(Completed fellowship examinations)

**COP**

(completed COP)

**Associates (AIU)**

(completed advanced diploma examinations)

**Insurance Agent**

**Ordinary/ Student**

#### Section A

#### Personal Details

Surname:

Title

(Mr/Dr/Mrs):

First Names:

ID  
No:

Date of Birth:

**Gender:**

Male

Female

Nationality

Highest Insurance  
Qualification:

COP

Diploma

B. Degree

Masters

CII

ACII

ANZIIIF Others

Full name of  
Employer:

Position:

Postal Address

Tel (Mobile):

Tel (Office):

E-mail address:

Alternate E-Mail

#### Section B

#### Academic & Employment History

Have you held membership of the IIU before?

Yes

No

Details of qualifications - Degrees, Honours Degrees, Diplomas


Past Employment History

Employer	Position	From	To

**Section D** Fee Structure

	Annual Membership Fee 2015
Chartered	: UGX. 200,000
Fellows	: UGX. 150,000
Associates	: UGX. 100,000
Diploma	: UGX. 85,000
COP	: UGX. 70,000
Insurance Agent:	UGX. 70,000
Ordinary	: UGX. 50,000

**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 statements may invalidate the application and/or disqualify me from becoming a member.
- In addition, I declare that I am aware that the Insurance Institute of Uganda is a Professional Body, operated not for gain and that I will support and subscribe to all the aims and activities of the IIU to the best of my abilities.
- I accept that membership of the IIU places a responsibility on me to conduct myself at all times in accordance with the Code of Conduct.
- 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 the IIU Council or its designee may take disciplinary action against me in terms of the Constitution and Memorandum of Incorporation and I undertake to comply with such action.

Signed this ..... day of..... 20.....

Signature: .....