



**Institute of Finance and
Insurance Professionals**
Bringing Excellence to Professionals

Application Form for Membership of the Institute of Finance and Insurance Professionals ®

New	Renewal	Member Number

Personal Information

Full Name (Mr./Ms./Miss./Mrs./Dr./)			
How to Print a Name on a Printed Certificate or ID			
Date of Birth	DD/MM/YYYY	NIC Number:	
Residence Address:			
Telephone Number:			
Mobile Phone Number:			
WhatsApp Number:			
Email Address: (All Correspondence will be via e-mail)			

Employer Details

Name of Current Employer	
Address of Employer	
Telephone Number	

Are you a student?

University or Institute Name	
Address of University or Institute Name	
Course or Degree Following	

Details of Employment

Current Designation	
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Nature of Current Industry

Life Insurance	X	General Insurance	X
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Leasing and Finance	X	Banking	X
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Insurance Broker	X	Stockbroker	X
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Green Investment	X	Other	X
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Membership Category Applied

Individual Professional Membership	
Leadership and Management Professional Membership	
Certificate Level	X
Diploma Level	X
Designation Level	X
Master Designation Level	X
Associate Certificate Level	X
Associate Diploma Level	
Associate Designation Level	
Associate Master Designation Level	
Honorary Membership	
Corporate Professional Membership	
Internship Student Membership	

GCE O/L and GCE A/L Results					
Exam	Results	Math's	Sinhala	Tamil	English
GCE O/L					
GCE A/L					

University Degrees / Other Academic or Professional Qualifications

Please list your academic and professional qualifications.

[illegible]

Experience in Insurance , Leasing, Finance and Banking (Beginning with the current position)

Name of Company	Job Title	From	To	Description of Job

Signature of Applicant:

I hereby apply for membership of the Institute of Finance and Insurance Professionals (IFIP) and declare that all information given are true and correct. I also agree to abide by the decision of the institute as to my eligibility for and appropriate membership. If accepted, I agree to abide by the Code of Ethics and Professional Standards, and to pay the entrance fee and annual subscription for that category of membership.

Date**Signature:**



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Waiver Form for Membership of the Institute of Finance and Insurance Professionals ®

I certify that the information declared in the application form for membership and certification is correct. If I would misrepresent my credentials or allow my membership in the Institute of Finance and Insurance Professionals ® to lapse, I understand and agree that my IFIP Status will be revoked, and my membership terminated. I affirm that all the information that I have provided to IFIP is true, correct, and complete and I agree to hold harmless and indemnify the IFIP and its Officer, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment, or expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the last ten years and I am not under any investigation by any legal or licensing board.

Membership of IFIP does not constitute the grant of a license or other licensing authority by or on behalf of the organization as to a member's qualifications, abilities, or expertise.

The Institute of Finance and Insurance Professionals ® does not endorse, guarantee, or warrant the credentials, work, or opinions of any individual member.

Signature

Date: (dd / mm / yyyy)

Print Name