



The Institute of Loss Adjusters & Risk Surveyors (IARS)

Dear Sir/Madam,

MEMBERSHIP TO THE INSTITUTE OF LOSS ADJUSTERS AND RISK SURVEYORS (IARS)

The Institute of Loss Adjusters and Risk Surveyors (IARS) is registered in Kenya.

The Institute creates a forum for all the insurance service providers aimed at promoting efficiency and professionalism in the discharge of their duties. Membership is open to persons practising as Loss Adjusters, Loss Assessors, Risk Surveyors, Risk Managers, Motor Assessors, Marine Surveyors and Insurance Investigators.

Please complete the enclosed application form for membership, attach the documents requested therein and forward to:

The Secretary-General
Institute of Loss Adjusters and Risk Surveyors (IARS)
P.O. Box 56928 00200
College of Insurance,
Nairobi

If you have any queries, please do not hesitate to contact the undersigned.

Yours sincerely,

FOR THE INSTITUTE OF LOSS ADJUSTERS & RISK SURVEYORS

BENTA MWEU
IARS SECRETARIAT

INSTITUTE OF LOSS ADJUSTERS AND RISK SURVEYORS (IARS)

P. O. BOX 56928 - 00200 NAIROBI, KENYA TEL: 020 3517938, 2345721
E-Mail: info@iars.co.ke

APPLICATION FOR MEMBERSHIP

PLEASE READ THROUGH THIS FORM BEFORE COMPLETING

PERSONAL DETAILS

NAME: _____
SURNAME
FIRST
MIDDLE
DATE OF BIRTH

ADDRESSES: P O BOX _____ PHYSICAL _____

TELEPHONE _____

FAX _____

E-MAIL _____

NATIONALITY _____ PASSPORT/ID NO _____

CHAPTERS AND GRADES OF MEMBERSHIP

PLEASE TICK THE CHAPTER AND GRADE FOR WHICH YOU ARE SUBMITTING YOUR APPLICATION.

CHAPTERS	LOSS ADJUSTERS/ LOSS ASSESSORS	RISK SURVEYORS/ RISK MANAGERS/ MARINE SURVEYORS	MOTOR LOSS ASSESSORS	INSURANCE INVESTIGATORS																																								
GRADES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FELLOW</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">ASSOCIATE</td><td></td></tr> <tr><td style="text-align: center;">ORDINARY</td><td></td></tr> <tr><td style="text-align: center;">RETIRED</td><td></td></tr> <tr><td style="text-align: center;">HONORARY</td><td></td></tr> </table>	FELLOW		ASSOCIATE		ORDINARY		RETIRED		HONORARY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FELLOW</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">ASSOCIATE</td><td></td></tr> <tr><td style="text-align: center;">ORDINARY</td><td></td></tr> <tr><td style="text-align: center;">RETIRED</td><td></td></tr> <tr><td style="text-align: center;">HONORARY</td><td></td></tr> </table>	FELLOW		ASSOCIATE		ORDINARY		RETIRED		HONORARY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FELLOW</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">ASSOCIATE</td><td></td></tr> <tr><td style="text-align: center;">ORDINARY</td><td></td></tr> <tr><td style="text-align: center;">RETIRED</td><td></td></tr> <tr><td style="text-align: center;">HONORARY</td><td></td></tr> </table>	FELLOW		ASSOCIATE		ORDINARY		RETIRED		HONORARY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">FELLOW</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">ASSOCIATE</td><td></td></tr> <tr><td style="text-align: center;">ORDINARY</td><td></td></tr> <tr><td style="text-align: center;">RETIRED</td><td></td></tr> <tr><td style="text-align: center;">HONORARY</td><td></td></tr> </table>	FELLOW		ASSOCIATE		ORDINARY		RETIRED		HONORARY	
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ACADEMIC AND PROFESSIONAL QUALIFICATIONS

NAME OF INSTITUTION	TITLE OF EXAMINATION	DATE PASSED	GRADE

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS/INSTITUTIONS

NAME OF ASSOCIATION OR INSTITUTION	DATE ADMITTED	CATEGORY OF MEMBERSHIP	MEMBERSHIP NUMBER

EMPLOYMENT RECORD

PERIOD FROM – TO	EMPLOYER’S NAME	EMPLOYER’S ADDRESS	DESIGNATION

DISCLOSURES

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES NO

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY INSTITUTION OR ASSOCIATION? YES NO

HAVE YOU EVER BEEN ADJUDGED BANKRUPT? YES NO

IF THE ANSWER TO ANY OF THE ABOVE QUESTION IS YES, PLEASE PROVIDE DETAILS.

DECLARATION

I hereby certify that all statements on this application form and any material filed in support hereof are true, correct and complete and all necessary information has been disclosed to the best of my knowledge.

NAME _____ SIGNATURE _____ DATE _____

AUTHORISATION

I, the undersigned, hereby authorise the Institute of Loss Adjusters and Risk Surveyors to which I have submitted my application for membership, to make any enquiries relevant to this application and accordingly authorise any person, Institution, and or Association having information on myself to furnish the same, to the Institute of Loss Adjusters and Risk Surveyors.

NAME _____ SIGNATURE _____ DATE _____

REQUEST FOR MEMBERSHIP

I, the undersigned, hereby apply for admission to membership of the Institute of Loss Adjusters and Risk Surveyors, and do accept, if admitted, to abide by the constitution and by-laws and any subsequent amendments thereto.

NAME _____ SIGNATURE _____ DATE _____

NOTES

Please complete the application forms in bold.

1. Please **SUBMIT** certificates in support of academic/professional qualifications and any other documents in support of your application.
2. **Two passport size photographs**
3. **Remittance of:**
 - Director/Principal Officer: **Kshs 13,000** (Kshs 3,000 registration (non- refundable) and Kshs 10,000 annual subscription)
 - Non-Director/ Employees: No registration fee but **Kshs 3,000** for annual subscription

FOR OFFICIAL USE

DATE APPLICATION CONSIDERED BY EXECUTIVE COMMITTEE OF _____
(CHAPTER)

RECOMMENDED

NOT RECOMMENDED

SIGNED: CHAPTER _____ CHAPTER _____
CHAIRMAN SECRETARY

DATE APPLICATION CONSIDERED BY COUNCIL:

RECOMMENDED

NOT RECOMMENDED

SIGNED: COUNCIL _____ COUNCIL _____
CHAIRMAN SECRETARY

REGISTRATION NO _____ CHAPTER _____ DATE OF REGISTRATION _____

PAYMENT RECEIPT NO _____ AMOUNT KSHS _____
