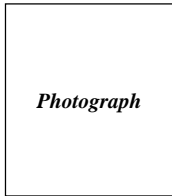




The Malaysian Insurance Institute

MII TEAM OF EXPERTS



## Application Form

(Please enclose certified photocopies of certificates and other relevant supporting documents)

### Section A Personal Details

**Name**

**I.C. Number (new)**  **Gender**  **Race**

**Nationality**  **Marital Status**

**Correspondence Address**

**Name of Employer**

**Employer's Address**

**Tel. No. (office)**  **Tel. No. (Residence)**

**Mobile No.**  **Fax No.**  **E-Mail**

### Section B Professional Details

#### 1. Educational Background

Academic / Professional Qualifications (Please attach certified copies of qualifications acquired)

Year	Qualification	Name of Institution	Title / Degree Awarded (Abbreviations only)

## 2. Work Experience

Year (E.g. 1990-2000 )	Company	Designation

<b>Section C</b>	<b>Other Information</b>
------------------	--------------------------

### 1. Past and Present Affiliations / Membership

Year (E.g. 1990-2000 )	Name of Organisation / Institution

### 2. Contributions / Awards / Achievements

<b>Section D</b>	<b>Team Involvement</b>
------------------	-------------------------

### 1. Preferred area(s) of work with MII (you may tick more than one)

	No Experience	Little Experience	Some Experience	Experienced	Very Experienced
<input type="checkbox"/> Training / Lecturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Course/Material Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Book Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exam Question-Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Exam Moderation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Editing of Texts / Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Translation of Texts / Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other MII projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Areas of Expertise**

(Please indicate the subject areas, e.g. Insurance, law, financial planning, etc, that you plan to be involved with, and your language proficiency)

Subject Areas	Language Proficiency (Tick where appropriate)		
	English	BM	Mandarin

**3. Preferred Team Involvement**

Full time (Expected Salary : \_\_\_\_\_ )

Part \_\_\_\_\_ time

**4. Please state experience related to the area(s) of work that you have indicated above.**

Year (E.g. 1990-2000)	Organisation / Institution	Details of Experience

**5. Are you prepared to undergo any training as may be required for the area(s) you have indicated?**

Yes

No

**Section E**

**Declaration**

I declare that to the best of my knowledge that the information supplied in this application form and the supporting documents are correct and complete. If my application is successful, I agree to abide by all the rules and regulations of the Institute.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:

**Head, Training and Education**  
The Malaysian Insurance Institute  
No. 5 Jalan Sri Semantan Satu, Damansara Heights, 50490 Kuala Lumpur