



COOPINSU Training Academy
“COOP House”, No.74/5, Grand pass Road,
Colombo 14, Sri Lanka

Application Form

Course Name	CII – CERT (UK)	<input type="checkbox"/>
	Diploma In Insurance	<input type="checkbox"/>
	Diploma In Business Management	<input type="checkbox"/>
	Certificate Course In Insurance	<input type="checkbox"/>

Full Name (Mr/ Mrs/ Miss/ Ms).....

Date Of Birth

NIC No

Home Address

Mobile No

Name Of The Employer

Official Address

Telephone

Fax

Email(All the correspondence will done via email)

Co-Operative Insurance branch Name..... EPF No

Please make your payments to, Commercial bank No [1000160985](#) or by cheque in favor of COOPINSU training academy via credit card at COOPINSU Training Academy.

Please attach a copy of GCE A/L certificate or other highest education certificate.

I understand that my enrollment will be confirmed to me in writing by the CITA in good time prior to the commencement of the course.

.....
Signature

.....
Date