



# COLLEGE OF INSURANCE

P.O. BOX 56928-00200 NAIROBI, TEL: 020 6009175, FAX: 6005605  
 E-Mail: [exams@coi.ac.ke](mailto:exams@coi.ac.ke) Website: [www.coi.ac.ke](http://www.coi.ac.ke)  
 Off Nairobi-Mombasa Road, Belle-Vue exit at South "C" Nairobi.

## COP EXEMPTION APPLICATION FORM

### NOTES

1. Ensure you have read and understood exemption rules obtained in the examination office and website before completing this form.
2. Complete the exemption form in capital letters (In black or blue ink)
3. Application cannot be considered without evidence of qualifications. All photocopies of original documents must be certified by the Examinations Secretary
4. Attach all supporting documents to this application.
5. Attach a copy of your National Identity Card or Passport (First three pages) and a recent Passport Photograph.
6. Incomplete forms will be returned to the applicant.
7. Indicate your most reliable Postal Address and Code.

### Personal details

Please give your registration number if known Reg. No.

Mr/Mrs/Miss/Ms  Surname

Other Names

Nationality  Date of Birth     
Date      Month      Year

Mobile No.  Gender Male  Female

Contact P.O. Box  Postal Code   
 Address

Town

Email

Identity Card No. or   
 Passport No.

### 2. Educational Background

SCHOOLS AND COLLEGES ATTENDED	EXAMINING BODY	DATE	OVERALL GRADE ATTAINED	CERTIFICATE AWARDED

**3. Employment Background**

(a) Are you currently working as an agent Yes  No

If yes, please indicate the following:

Name of Insurer for whom you act: \_\_\_\_\_

Address: \_\_\_\_\_ Code: \_\_\_\_\_

Date Commenced: \_\_\_\_\_

**(b) Previous Appointment(s):**

S/N	Former Employer	Designation	From (Date)	To

**4. Basis of seeking COP Exemption (supporting documents should be attached to this application).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Mode of Payment**

The exemption fee is equivalent to the examination fee and can be deposited in the account below or a Bankers Cheque drawn in favour of:

Account Name: **College of Insurance**  
Account Number: **1103962531**

Bank & Branch: **KCB - Kipande House**

**6. Declaration by the Applicant**

I declare that all the information given on this application form and any supporting material enclosed hereof are true and correct. I also authorize the exempting authority to verify the authenticity of any supporting document to this application with the issuing party if they so wish.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Name of Accepting officer</b> _____</p> <p><b>Designation</b> _____</p> <p><b>Signature:</b> _____ <b>Date</b> _____</p>
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**IMPORTANT NOTICE**

No application will be considered unless it is accompanied by the appropriate exemption application fee(s).