

SECTION A Personal Information

IISA Pin no:

First Names:

Surname: Initials: Title (Mr/Dr/Mrs):

ID No: Date of Birth (dd/mm/yyyy) / /

Alternate ID type: N/A SA Passport Non-SA Identity Document Other

Gender: Male Female Equity: Black Indian Coloured White

Nationality (e.g. South African, Zimbabwean):

Home Language: Disabilities: None Physical Vision Hearing Other

Highest Qualification: None Matric Diploma B. Degree Masters Doctorate Other

SECTION B Contact Details

As a Professional / General member of the IISA you opt to receive certain related communication.

E-mail address 1:

E-mail address 2:

Tel (cell): Tel (home):

Tel (office): Facsimile:

Postal address:

Postal Code:

Country: Province:

Preferred method of communication: E-mail Cell/Tel Fax Post

SECTION C Employment Details

Employer name:

Occupation:

Job Title:

Area of Insurance : Undefined ST Personal ST Commercial Long Term Pension Funds Investments Health

Number of years in industry:



Please return completed form to **Ms Elma Mackrill:**
Local fax: 0861 01 4472 or 011 325 0606 International fax: +27(0)11 325 0606
or E-mail: elma@iisa.co.za

