



P.O. BOX 10018, KANSAS CITY, MISSOURI 64171.0018 USA TELEPHONE +1.816.756.5285 FAX +1.816.756.5287

## APPLICATION FOR MEMBERSHIP

*The appropriate fee must accompany application form. Fees must be in U.S. currency drawn on a U.S. Bank. Please make your check payable to IAIFA.*

### Membership Fee

<b>Individual</b>	<b>U.S. \$ 500.00</b>
<b>Regulators/Law Enforcement</b>	<b>U.S. \$ 950.00</b>
<b>Companies</b>	<b>U.S. \$2,500.00</b>

### PERSONAL QUESTIONNAIRE

*If insufficient space is provided to answer any question on this form, please attach a separate sheet*

1. **Name, address, telephone/fax number and e-mail address** of Institution in connection with which this form is being completed.

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2. Name of Individual

(a) Surname: \_\_\_\_\_  
Forename(s): \_\_\_\_\_

(b) Any Previous Name(s):  
- previous names: \_\_\_\_\_  
- dates changed: \_\_\_\_\_

(c) Date and place of birth: \_\_\_\_\_  
\_\_\_\_\_

(d) Nationality:  
- previous nationality: \_\_\_\_\_  
- date changed: \_\_\_\_\_

(e) Please state in what capacity you are completing this form, i.e., as a law enforcement officer, director, manager, partner, etc. State your full title and describe the particular duties and responsibilities attached to the position(s) which you hold.

3. Relationship with the International Association of Insurance Fraud Agencies Inc. (IAIFA), former

employers and other Third Parties.

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4. As a member of the IAIFA, will you be acting on the directions or instructions of any other individual or institution?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If "YES" please explain \_\_\_\_\_

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5. Experience

Give the following details for each employment over the previous ten years starting with present employment. Any gaps in employment over the period must be explained.

- (a) Period of employment (month and year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer (current):

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Address of Employer:

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Nature of Employer's business:

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Position(s) and responsibilities:

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- (b) Period of employment (month and year)

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer:

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Address of Employer:

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Nature of Employer's business:

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Positions(s) and responsibilities:

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Reason for leaving:

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6. Qualifications

Give details of:

(a) All relevant professional qualifications including dates of qualifications:

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

(b) Other relevant training or experience (include dates of training):

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

7. Good Reputation and Character

(a) Have you at any time been convicted or found guilty of any law of any state, province, territory or country relating to the business of insurance or of any offence involving fraud or other dishonesty or any offence under legislation (including insider dealing) relating to institutions providing financial services, insolvency, consumer credit or consumer protection or any other statutory offence other than a road traffic offence. If so, give particulars of the court by which you were found guilty or convicted, the offence, the penalty imposed and the date of the court's finding or conviction.

YES \_\_\_\_\_ NO \_\_\_\_\_

(b) State whether you have ever been refused or had revoked any license or authorization to carry on banking, insurance, broking, fund management or any other finance business.

YES \_\_\_\_\_ NO \_\_\_\_\_

*In respect of questions (a) and (b) above, where the reply is YES attach full particulars*

**DECLARATION:**

I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of this submission, that there are no other facts of which the IAIFA should be aware. I undertake to inform a member of the Executive Committee of the IAIFA without delay of any material changes to the information supplied in this form which may have a direct or indirect bearing on my suitability to continue as a member of the IAIFA.

Name (PLEASE PRINT IN CAPITALS):

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

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

(This information is supplied solely for the use of the IAIFA and will not be released to any other person without the prior consent of the applicant)