



**Insurance Institute for Asia
and the Pacific, Inc.**
<http://www.iiap.com.ph>



APPLICATION FOR ADMISSION

FORM 0930

This section should be filled-out by Applicant

SEMINAR TITLE		LIFE INSURANCE AGENTS COURSE				Sponsoring Company		
PERSONAL	Print Name	(Family Name)	(First Name)	(Middle Name)	AXA Phils.			
	MENDOZA ROCHELLE ANN DE LARA			Citizenship	Filipino			
	Title of Present Position		Profession	Email Address				
	Financial Solutions Associate		Financial Executive	rochelle.mendoza@solutions-axa.com.ph				
	Business Address		(Company Name)	(Street or P.O. Box, City/Province/Country)	Office Tel No			
EDUCATION	AXA Phils. GT Tower International, 4813 Ayala Ave. Cor. HN Oda Costa St., Makati City, Phils.				(02) 8885-0101			
	Home Address		592 Suluyan St., Bagbaguin, Sta. Maria, Bulacan		Residence/Mobile No			
					0921-592-2542			
	Age	Sex	Date of Birth (mm/dd/yyyy)	Place of Birth	Civil Status	Married	Widowed	Separated
	25	F	06/15/1996	Balinguay, Bulacan	(Single)			
EDUCATION	Type of School	Name and Location of School		No of Years Finished	Year Graduated	Degree		
	High School	Early Christian School, Poblacion Sta Maria, Bulacan		4	2012			
	College or University	St. Paul University Quezon City, New Manila Quezon City		4	2016	AB Mass Communication		
	Graduate							
	Other Formal Education							
Work Experience	Other Courses and Seminars Attended (During the last 3 years)							
	Course		Year		Where Taken			
Work Experience	Company	Location		Position	From	To		
	AXA Philippines	Makati City		Financial Solutions Associate	May 20, 2021	Present		
Work Experience	Technical Education and Skills Development Authority	Taguig City		Technical Staff	July 6, 2016	May 17, 2021		
	SIGNATURE OF APPLICANT							
This section is reserved for Life Insurance Co. Personnel Only								
Date of Seminar _____								
Certification								
This is to certify that _____								
Surname First Name Middle Name								
Has undergone the necessary pre-licensing theoretical and actual training with _____								
to sit for the Life Insurance Agents Course validating final exam. Company								
This is to certify further that the applicant is morally fit and technically able to represent our company and market our life insurance products.								
Printed Name and Signature _____								
IAP Accredited Trainer								
Date of Application _____								