

## **Insurance Institute for Asia** and the Pacific, Inc. http://www.iisp.com.ph



FORM 0930
This section should be filled-out by Applicant

INA		LIFE INSU			TS (			Sponsoring Con		
	Print Name (Family Name) (First Name) (Middle Name)  MENDOZA ROCHELLE ANN DE LARA							Citizenship	Citizenship	
	Title of Present Position  Financial Solutions Account Financial					Executive		royale. mondoza Psolutions-2x		
	AXA Phils. GT Tower Internetional, 4813 Age					Ave, Cor. Hy	Dda Cocta	st. (02) 8885-0101		
	Home Address 592 Sylucan St., Bagbaguin, Sta. Maria, Bulacan Bulacan Residence/Mobile No 0921-592-2542								ile No 12 - 2542	
	Age Sex Date of Birth (mm/dd/yyyy) Place of Birth Paliwas, By					un.	Civil Status (Single)	Married Widowed Separated		
	Type of School	Name and Location of School				No of Years Finished	Year Graduated	Degree		
-	High School	Barry Christian School, Published Str Mornin, B				4	2012	1.		
	College or University	St. Paul University Grezon (ity, New Manila			A CHA	4	2016	AB Mass Communication		
	Graduate Other Formal Education					5-5-5-		Market St.		
	Other Courses and Seminars Attended (During the last 3 years)								,	
	Course					Year		Where Taken		
	1 1						A TOPP STORY			
2	Company		. Location		Position		· From	То		
Experienc	AXA Philippines		Makafi City ti		inancial solutions Associate		My 20,2021	Procent		
ŭ	Technical Education and stills Development Authority		Taguia City tech		hnical stage		July 6,2016	May 17, 2021		
GN	TURE OF APPLIC			. )						
		6. 01 357				To the second	- Tallout of the			
his	section is reserv	ed for Life Insuran	ce Co. Personne	el Only			Date of S	eminar		
				Certifi	cation	1				
							5			
	This is to certify thatSurname					Name		Middle Name		
	Has undergone ti	ne necessary pre-lice	ensing theoretical	l and actual tra	ining wit	h <u></u>			_	
	to sit for the Life	Insurance Agents (	ourse validating	nnai exam.				Company		
÷	This is to certify f	urther that the applic	ant is morally fit	and technically	able to	represent our	company and	market our life insura	nce products.	
_	ROCHELLE AND	D MENDOZA			Sec.					
- н	Printed Name and Signature  IIAP Accredited Trainer					Date of Application				
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APPLICATION FOR ADMISSION