

DECLARATION FORM
- **DIPLOMA IN GENERAL INSURANCE AND RISK MANAGEMENT (DGIRM)**
- **ADVANCED DIPLOMA IN GENERAL INSURANCE AND RISK MANAGEMENT (ADGIRM)**

Section I: Personal's Particulars

Full Name (as in NRIC or Passport): _____

E-mail Address: _____ Contact Number: _____

For Insurance Industry

Company Name: _____

Company Address: _____

Designation: _____ No. of years of experience: _____

Tel (O): _____

Section II: Programme Details

Please select the **Programme(s)** that you were declaring the working experience for:

Diploma in General Insurance
and Risk Management (DGIRM)
- Self-Study

Advanced Diploma in General
Insurance and Risk
Management (ADGIRM) - Self-
Study

Section III: Company Verification For Candidate

(This section must be signed by a senior officer of your HR Department and must also bear your company stamp.)

I confirm the accuracy of the candidate's statement on this declaration form for the time spent working at our company.

Name, Designation & Signature

Company Name & Stamp

Tel / Email

Date