



DEPARTMENT OF INSURANCE & VALUATION
FACULTY OF BUSINESS STUDIES & FINANCE
WAYAMBA UNIVERSITY OF SRI LANKA
KULIYAPITIYA

Application for Admission to the Advanced Certificate in Insurance Salesmanship

1. Name in Full: Mr./Mrs./Miss.
(USE BLOCK LETTERS)

2. Name with Initials:

3. Residential address: Official address:

Tel: Tel:

E-mail:

4. National Identity Card Number

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5. Date of Birth: Day Month Year

6. Marital Status: Single Married

7. Working Area / Service Experience

Insurance Agent (Life)		Financial Planner		Any other	
Insurance Agent (General)		Professional in Insurance			

8. Educational Qualifications (Attach photocopies of certificates)

Qualification	School / Institute	Year	Particulars

9. Professional Qualifications (Attach photocopies of certificates)

Institution	Period	Qualification	Month & Year

10. Work Experience

Organization	Period of Service	Nature of Work	Position held	Month

11. Purpose of applying for the course: -----

12. Competency in English

Excellent Good Average

13. How do you pay your course fees?

Privately Sponsored

14. If sponsored, by whom?

I certify that the above information is true and correct. I understand that misrepresentation in Application will cause rejection of application or revoking of acceptance for admission. I am aware incomplete applications will be rejected.

.....
Signature of Applicant

.....
Date

Mail this application to:

Administrative Coordinator,
Advanced Certificate in Insurance Salesmanship,
Senior Assistant Registrar Office,
Faculty of Applied Sciences,
Wayamba University of Sri Lanka,
Kuliyapitiya

Please mention 'Application for ACIS' in the top left-hand corner of the envelope.

Contact details

0372284213, 0767614191, 0779018960

Email: acis@wyb.ac.lk

Web: <https://fbsf.wyb.ac.lk/advanced-certificate-in-insurance-salesmanship/>