



# THE MALAYSIAN INSURANCE INSTITUTE

## APPLICATION FOR MNRB SCHOLARSHIP

PASSPORT  
SIZE  
PHOTOGRAPH

|   |             |
|---|-------------|
| <b>PROGRAMME APPLIED FOR:</b>   | Nationality |
| <input type="checkbox"/> AMII (Level 1) <input type="checkbox"/> AMII (Level 2) |             |

|   |  |             |     |
|---|--|-------------|-----|
| <b>A. PERSONAL INFORMATION</b>          |  |             |     |
| Name (per I/C): <i>Mr / Ms / Others</i> | Gender   | NRIC Number |     |
|   |  | New         | Old |
|   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |             |     |

|      |          |               |  |                 |
|------|----------|---------------|--|-----------------|
| Race | Religion | Date of Birth | Physical Disability<br><i>(if any)</i> | State of Health |
|      |          |               |  |                 |

|                     |                                  |  |                      |
|---------------------|----------------------------------|--|----------------------|
| Residential Address | Weight .....kg<br>Height .....cm | Marital Status   | Telephone No.        |
|                     |                                  | <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated / Divorce<br><input type="checkbox"/> Widowed | H .....<br>H/P ..... |
| Postcode            | Email                            |  |                      |

|                              |     |            |  |
|------------------------------|-----|------------|--|
| <b>B. FAMILY DETAILS</b>     |     |            |  |
| <b>Particulars of Spouse</b> |     |            |  |
| Name of Spouse               | Age | Occupation | Name & Address of Employer<br><i>(including mobile contact no)</i> |
|                              |     |            |  |

|      |     |        |
|------|-----|--------|
| Name | Age | Gender |
| 1.   |     |        |
| 2.   |     |        |
| 3.   |     |        |
| 4.   |     |        |
| 5.   |     |        |

**Particulars of Parents & Siblings**

| Name | Age | Occupation | Relationship |
|------|-----|------------|--------------|
| 1.   |     |            |              |
| 2.   |     |            |              |
| 3.   |     |            |              |
| 4.   |     |            |              |
| 5.   |     |            |              |
| 6.   |     |            |              |
| 7.   |     |            |              |
| 8.   |     |            |              |
| 9.   |     |            |              |

**Emergency contact person (excluding spouse/parents)**

| Name | Tel. No | Address | Relationship |
|------|---------|---------|--------------|
| 1.   |         |         |              |
| 2.   |         |         |              |
| 3.   |         |         |              |

**C. EDUCATIONAL QUALIFICATION**

| Tertiary (University/College) | Year Attended |    | Qualification attained | Major/Specialization |
|-------------------------------|---------------|----|------------------------|----------------------|
|                               | From          | To |                        |                      |
|                               |               |    |                        |                      |
|                               |               |    |                        |                      |
|                               |               |    |                        |                      |

**D. EXTRA CURRICULAR ACTIVITIES IN SCHOOL/UNIVERSITY**

| School/University | Outside School/University |
|-------------------|---------------------------|
|                   |                           |
|                   |                           |
|                   |                           |

**E. SPORTS & HOBBIES**

| Sports | Hobbies |
|--------|---------|
|        |         |
|        |         |

**F. FINANCIAL BACKGROUND**

1. Total monthly income\*\*  
\*\*please enclose certified copy of the latest one-month salary slip

RM 

2. Number of beneficiaries who require your financial support

| No | Name | Relationship | Age |
|----|------|--------------|-----|
|    |      |              |     |
|    |      |              |     |
|    |      |              |     |

**G. SCHOLARSHIP HELD (if any)**

| Name/Title | Organization/Institution | Amount/Value |
|------------|--------------------------|--------------|
|            |                          |              |
|            |                          |              |

**H. LANGUAGE**

|         |   |
|---------|---|
| Spoken  | <input type="checkbox"/> BM <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____ |
| Written | <input type="checkbox"/> BM <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others _____ |

**I. EMPLOYMENT HISTORY***(a) Present employer*

| Name of Company              | Position Held | Description of Duties | Date Joined | Last Drawn Salary |
|------------------------------|---------------|-----------------------|-------------|-------------------|
|                              |               |                       |             |                   |
| <i>(b) Previous employer</i> |               |                       |             |                   |
|                              |               |                       |             |                   |
|                              |               |                       |             |                   |

**J. APPLICANT'S REFERENCES**

Please provide the following details of at least (2) two referees (current & previous employment)

| Name | Tel. No | Position | Relationship | Known For (Years) |    |
|------|---------|----------|--------------|-------------------|----|
|      |         |          |              | From              | To |
|      |         |          |              |                   |    |
|      |         |          |              |                   |    |

**K. COURSE FEE****Who is financing the 50% course fee for each subject?**

- Self-finance
                                 
  Company sponsored
                                 
  Withdrawal from EPF  
 Others (Please Indicate) \_\_\_\_\_

**L. DECLARATION BY APPLICANT**

- I certify that the information contained on this application form is accurate and true to the best of my knowledge.  
 I authorize investigation of all statements contained in this form for application of the MNRB Scholarship as may be necessary for acceptance to the programme applied.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**M. EMPLOYER'S APPROVAL**

**I support my staff's professional development and highly recommend him / her to apply for the MNRB Scholarship to pursue the AMII Level 1 / AMII Level 2.**

\_\_\_\_\_

Signature

\_\_\_\_\_

CEO / Regional Manager / Head of Human Resource

\_\_\_\_\_

Date

**Important Note:**

Please ensure that the following documents are attached with the submission of this form.

- Certified copy of transcript and certificates  
 Certified copy of latest one month salary slip  
 Other relevant information or documents that can further support your application

Please send this completed form with the required documents to:

**The Malaysian Insurance Institute**  
**6th Floor, Wisma FGV,**  
**Jalan Raja Laut, 50350 Kuala Lumpur**  
**Attention to :Chief Academic Officer**  
**(MNRB Scholarship Application 2021)**  
 OR  
 Email to [coursemgt@mii.org.my](mailto:coursemgt@mii.org.my)

Closing date for submission **30<sup>th</sup> March 2021**

Please take note that **only** those who are shortlisted will be contacted for the assessment and interview sessions.

For any information or assistance, please contact our team members stated below at +603-2712 8882 Ms Santhi (8858), En Ashraf (8860), Ms. Parames (8827), Cik Sapura (8825) or Pn Rosmaniwati (8820) OR email us at [coursemgt@mii.org.my](mailto:coursemgt@mii.org.my)

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