

Reference Form

Young Insurance Professionals Programme

To the applicant: Please complete this form to be signed by your referee, who is either the CEO or an authorized senior officer of your organization.

To the referee: The person mentioned below is applying for the Young Insurance Professionals Programme, an initiative of the African Reinsurance Corporation - the leading pan-African reinsurer. Appending your signature to this form would assist Africa Re in the selection process.

Information provided in this form will be treated in confidence

To be completed by the applicant

Last name:

First name:

To be completed by the referee

Full name:

Job title:

Nominating company:

E-mail address of referee:

Telephone number:

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As the representative of the company, I hereby attest that the applicant will be committed to completing this YIPP programme.

Referee Signature and Stamp of Employer

Place and Date