

**ASIA MICRO-INSURANCE NETWORK
-AMIN-**

PRACTITIONERS - MEMBER REGISTRATION FORM

I, undersigned (Name, Surname) :

Function within the organization:
.....

Representing the organization:
.....
.....

Full address & contact details:
.....
.....
.....

Hereby confirm that our organization wishes to participate in AMIN (Asia Micro-Insurance Network) as a practitioner member allowing us access to all information provided by the website and to receive any other material resulting from the network's activities.

I understand that all costs related to the functioning of AMIN will be borne by the ILO/STEP Programme with no financial obligation whatsoever for our organization.

In order to facilitate all further communication, I wish to inform you that I designated the following to act as our organization representative and as your contact person in this respect:

Name – Surname:

Function:

e-mail address:

Date:.....

Signature:.....