PARIMA – ANZIIF
CERTIFIED RISK PROFESSIONAL

WORK EXPERIENCE VERIFICATION FORM

CANDIDATE INFORMATION

Candidate's Name:

Last Name | First Name | Middle Name

E-Mail Address:

Date of Birth:

Contact Number:

Passport Number:

Address:

PLEASE COMPLETE THE FOLLOWING SECTION WITH EXPERIENCE INFORMATION

PLEASE USE ADDITIONAL FORMS IF NEEDED

EXPERIENCE 1

Name of Organization: Title:

Type of Industry:

Dates (Month/Day/Year) From: To: ☐Currently in this position?

EXPERIENCE 2

Name of Organization: Title:

Type of Industry:

Dates (Month/Day/Year) From: To: ☐Currently in this position?

EXPERIENCE 3

Name of Organization: Title:

Type of Industry:

Dates (Month/Day/Year) From: To: ☐Currently in this position?

Please check all job duties that apply:

AREAS OF RISK FOCUS

- ☐ Assurance (Internal/External Audit)
- ☐ Financial Risk Management
- ☐ Insurance Risk Management
- ☐ Risk Governance
- ☐ Enterprise Risk Management (ERM)
- ☐ Human Resource Risk Management
- ☐ Regulatory / Legal Compliance
- ☐ Strategic Risk Management (SRM)

RISK CONTROLS

- ☐ Business Continuity/Disaster Planning
- ☐ Crisis Management
- ☐ Litigation Management
- ☐ Claims Management
- ☐ Compliance Management (Regulatory)

RISK TRANSFER / FINANCING

- ☐ Alternative Risk Transfer / Captives
- ☐ Insurance Purchase

Others : Please Specify

INFORMATION ABOUT VERIFIER

Relationship to Candidate:

Name:

Title/Position:

Organization:

Address:

Mobile Number: Direct Line No:

E-mail:

STATEMENT OF VERIFICATION

I verify that the candidate named on this form has completed the experience as listed above, and I attest that this experience meets the experience requirement of the program to which the candidate is applying, as outlined above.

Verifier's Signature:

Date:

This document will be reviewed within approximately five business days of receipt. If the document cannot be approved, you will be contacted.

www.parima.org/certification