



THE AUSTRALASIAN YOGA INSTITUTE  
PO Box 14, Mt.Macedon. Vic. 3441. Australia

## REGISTRATION AND INSURANCE APPLICATION FORM

### PERSONAL DETAILS (FOR INSURANCE PURPOSES)

Title..... First Name.....Surname.....

**FOR INSURANCE PURPOSES**, are you aware of any previous claims and/or incidents in the past 5 years that may or has resulted in a claim against you. NO.....YES.....

If YES, please advise.....  
.....

**DETAILS: Please tick appropriate box.**

- \* I am a trainee yoga teacher currently studying with the Australasian Yoga Institute ( )
- \* I am a qualified Yoga Teacher Registered with the Australasian Yoga Institute ( )
- \* I am a Yoga Teacher, Registered with The Australasian Yoga Institute - achieved through GRANDFATHERING.  
**AND I have 3 or more years of actual teaching experience ( )**

*I understand and agree that this application and any and all attachments hereto will be made part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of The Company, result in a voiding of this insurance issued in reliance on this Application and/or denial of claims under and specific Policy issued.*

*I have read and understood the information concerning the Duty of Disclosure, Utmost Good Faith, Privacy Provisions and other important notices we have been provided with.*

*I authorise and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorisation to every person or entity, public or private, to release the Company of any documents, Records or other information bearing upon the foregoing.*

*I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the company as may be authorised by law.*

*Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage of the Certificate of Insurance issued with the Policy or Certificate on the date of the is cancelled or terminated, whichever comes first or as otherwise provided by the policy.*

*Signing this form DOES NOT bind the Company to complete the insurance..*

SIGNED.....

Print full name.....

Date.....

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#### OFFICE USE ONLY

Payment received ( ), Date..... Processed Date.....Registration No.....

Attached Proofs: Registration Certificate ( ), First Aid Certificate ( )

Registration Approved by: ..... Date.....