



**TTII**

TRINIDAD AND TOBAGO INSURANCE INSTITUTE  
8 STANMORE AVENUE, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
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## TUITION REGISTRATION FORM

**Please tick the appropriate box for each programme and module:**

MICIA  PLAP

Module 1

Module 2

Module 3

Module 4

Period Enrolled: \_\_\_\_\_ - \_\_\_\_\_ 20\_\_\_\_

Title: Mr.  Mrs.  Miss

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: D\_\_\_\_/M\_\_\_\_/Y\_\_\_\_ ID Number: \_\_\_\_\_  
(National ID, DP or Passport)

Country of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Non-Members are required to attach a utility bill)

Home Telephone: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Address: \_\_\_\_\_

- Photo ID must be attached with registration form.
- Payment must be made in full three day (3) prior to the commencement of classes.
- CASH IS NOT ACCEPTED AT TTII's office. Payment can be made by Debit/Credit Card, **MEMBER** company cheques or through our RBC A/C: #11000000491719. Please include **YOUR NAME** and the Institute's name, Trinidad and Tobago Insurance Institute.
- Receipt must be submitted with the completed application form.
- All fees are non-refundable.
- Correspondence will be sent to candidate's Company if registered through Member Company.

**Examination Resit?**

Yes  No

CANDIDATE'S SIGNATURE + MEMBER COMPANY STAMP

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{TTII USE ONLY}

Receipt No. \_\_\_\_\_

Candidate/Student#: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_