



TRINIDAD & TOBAGO INSURANCE INSTITUTE
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OVERSEAS EXAMINATION REGISTRATION FORM

(Please Type or use Block Letters when completing this form)

Name of Examination and Examination Body: _____

Preferred Examination Date: M_____/D_____/Y_____
 (mornings only)

Title: Mr. Mrs. Miss

First Name: _____

Surname: _____

Date of Birth: M_____/D_____/Y____ ID Number: _____
(DP, National ID or Passport)

Company Name: _____

Branch Address: _____

Branch Telephone No: _____ Branch Fax: _____

Home Address: _____

Home Telephone: _____ Mobile No. _____

Email Address: (wk) _____

(personal) _____

(Please tick the check box if applicable)

- Examination fees are \$400.00 payable by company cheque, LINX or credit card one week in advance
- Cash payments are not accepted.
- Candidates must notify the TTII two (2) days in advance if there is a cancellation. Candidates will incur a \$150.00 re-registration fee if no notice was forwarded. However, a certified medical/legal document can be provided with a formal letter of request for exam cancellation if non-communication was due to illness, legal matters etc.
- All fees are non-refundable
- Photo ID must be brought on the day of the exam

CANDIDATE'S SIGNATURE

{TTII USE ONLY}

Receipt No. _____

Date: ____/____/____

Signature: _____