



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**  
8 STANMORE AVENUE, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
TEL: 1 (868) 624-2817, 1 (868) 625-2940, FAX: 1 (868) 625-5132; E-MAIL: [mail@ttii.org.tt](mailto:mail@ttii.org.tt)

**STATE LICENSING APPLICATION FOR TUITION**

**Name of Class:** Long Term/Life Insurance  General Insurance

**Class Period:** Jan-Apr  May-Aug  Sept-Dec  20\_\_

**Title:** Mr.  Mrs.  Miss.

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

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

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

**Any Special Needs:** \_\_\_\_\_

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

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

**Home Address:** \_\_\_\_\_  
(Non-Members are required to attach a utility bill)

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

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

- Photo ID to be attached with registration form.
- Cancellation requests must be made 30 days in advance for a full refund to be administered.
- Any request made to cancel within 2 weeks of class commencement is subject to a 50% refund.
- 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.
- Absolutely no phone calls to be taken during class. Please excuse oneself.
- Correspondence will be sent via the e-mail address provided.

**VENUE PREFERRED**  
Port of Spain  Central   
South  Tobago

\_\_\_\_\_

CANDIDATE'S SIGNATURE

-----  
{TTII USE ONLY}

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

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

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

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