



TTII

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

Name of Examination: Long Term/Life Insurance General Insurance

Examination Period: April August December 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 30 days of the exam is subject to a 50% refund.
- Deferral requests must be received 30 days prior to the exam date and a new registration form completed.
- Deferral requests made on the day of the exam must be accompanied by a Medical Leave to be submitted within 7 working days of the exam. (i.e. the following Tuesday)
- Absolutely NO registrations will be accepted after the late registration deadline
- 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.
- Cellular phones that cannot be switched off are NOT allowed into the examination room.
- Correspondence will be sent to candidate's Company if registered through Member Company or to Non-Member home addresses via registered mail.

Previously Enrolled?
Yes No

CANDIDATE'S SIGNATURE

{TTII USE ONLY}

Receipt No. _____

Candidate/Student#: _____

Date: ____/____/____

Signature: _____