



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**

8 STANMORE AVENUE, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
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**REQUEST FOR COPY OF EXAMINATION RESULTS FORM**

**APPLICANT'S PERSONAL INFORMATION**

DATE: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

TITLE: Mr. Mrs. Miss

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_ ID Number: \_\_\_\_\_  
(DP, National ID or Passport)

TEL CONTACT: OFFICE \_\_\_\_\_ Ext \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COPY OF EXAMINATION RESULTS: PURPOSE:  Personal Copy  CBTT  
FOR:  Salesman  Agent  Broker

EXAMINATION COMPLETED:

LONG TERM INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

GENERAL INSURANCE M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

MOTOR INSURANCE CLAIMS INVESTIGATION & ADJUSTING M\_\_\_\_/D\_\_\_\_Y\_\_\_\_

OTHER (STATE): \_\_\_\_\_

COMPANY ATTACHED TO WHEN EXAM WAS COMPLETED: \_\_\_\_\_

**IMPORTANT!**

- Copy of Government issued identification required for completion of search.
- \$300 payable in advance by debit (linx)/credit card. CASH IS NOT ACCEPTED AT TTII's office.
- Process takes approximately ten working days.

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

{TTII USE ONLY}

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

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

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

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