



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 APPLICATION FOR TUITION

Name of Class: Long Term/Life Insurance General Insurance

Venue: Port of Spain Central South Tobago

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)

Company Name: _____

Branch Address: _____

Home Address: _____

(Non-Members are _____

required to attach a _____

utility bill) _____

Cell Phone: _____ **Alternate #:** _____

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 Manager's cheques.**
- **Absolutely no phone calls to be taken during class. Please excuse oneself.**
- **Correspondence will be sent via the e-mail address provided.**
- **Individuals are required to sign under candidate's signature only and member company employees are required to utilize both boxes i.e. the authorized signature and company stamp (if company is paying) and candidate's signature and member company stamp if the member company is not paying.**

We _____ undertake
(COMPANY NAME)
 the responsibility of paying for the above named
 applicant.

Authorized Signature and Company Stamp

CANDIDATE'S SIGNATURE + MEMBER COMPANY STAMP



<p>{TTII ACCOUNTS USE ONLY}</p> <p>Receipt No. _____</p> <p>Date: ____/____/____</p> <p>Signature: _____</p>	<p>{TTII ADMIN USE ONLY}</p> <p>Entered by: _____</p> <p>Checked by: _____</p>
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