



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 Class: 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)

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 (mandatory).
- 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 Manager's Cheques.
- 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.
- 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> <p>Student #: _____</p>
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