



TTII

TRINIDAD AND TOBAGO INSURANCE INSTITUTE

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INTERNATIONAL EXAMINATIONS REGISTRATION FORM

(Please Type or use Block Letters when completing this form)

Name of Examination and Examination Body: _____

Preferred Examination Date: M_____/D_____/Y_____

Title: Mr. Mrs. Miss

First Name: _____

Surname: _____

Date of Birth: M_____/D_____/Y_____ ID Number: _____
(DP, National ID or Passport)

Company Name: _____

Branch Address: _____

Branch Telephone No: _____ Branch Fax: _____

Home Address: _____

Home Telephone: _____ Mobile No. _____

Email Address: (wk) _____

(personal) _____

(Please tick the check box if applicable)

- Examination fees are \$400.00 payable by company cheque, LINX or credit card one week in advance
- Cash payments are not accepted.
- Candidates must notify the TTII up to two (2) days in advance if there is a cancellation. Candidates will incur a \$400.00 cancellation fee if no notice was forwarded. In addition, the candidate must sit their exam at the next scheduled (booked) sitting. If the candidate does not sit the exam (or fails to attend) at the next scheduled sitting, their exam fees will be forfeited.
- All fees are non-refundable
- Photo ID must be brought on the day of the exam

CANDIDATE'S SIGNATURE

{TTII ACCOUNTS USE ONLY}	{TTII ADMIN USE ONLY}
Receipt No. _____	Entered by: _____
Date: ____/____/____	Checked by: _____
Signature: _____	Student #: _____