



**TTII**

**TRINIDAD AND TOBAGO INSURANCE INSTITUTE**

46-50 PICTON STREET, NEWTOWN, PORT OF SPAIN, TRINIDAD, WEST INDIES (P.O.BOX 311)  
TEL: 1 (868) 628-5457, 1 (868) 628-2969, 1 (868) 628-1663 FAX: 1 (868) 622-4205; E-MAIL: [mail@tiii.org.tt](mailto:mail@tiii.org.tt)

**STATE LICENSING PROGRAMME REGISTRATION FORM**

**Programme Name:** Long Term/Life Insurance  General Insurance

**Examination Period:** April  August  December  20\_\_

**Classes Required:** Yes  No

**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).**
- **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, Manager's Cheques Monday through Friday, 8:15 a.m. to 4:00 p.m. or through direct deposit to our bank account, FCB a/c#: 2672053 (attach receipt with registration form).
- **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.**
- **REFUND POLICY: Where classes are yet to commence, a refund less \$500.00 administrative charge will be applied and once classes have commenced, refunds are subject to 50% of the course fee.**

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