

APPLICATION FOR STATE LICENSING EXAMINATION

SECTION 1: PERSONAL INFORMATION

1. Name									
Title	Surname			First Name					
2. (a) Home Address: Apt/Street/P.O. Box									
City/Town				Country					
3. Daytime Phone:				Mobile Phone:					
4. Preferred Email Address:									
5. Date of Bi	irth (dd/mm/year):	6. Gender: Female Male							
7. Identification (two forms – DP, PP, ID)				8. Indicate your examination of choice:					
,,				☐ Certificate in General Class of Insurance Business (CGCIB)					
				☐ Certificate in Long-Term Class of Insurance Business (CLTCIB)					
9. Examination Sitting: April \(\text{April } \) August \(\text{December } \) December \(\text{December } \) Year: \(\text{Classes Required: Yes } \)							No 🗆		
SECTION 2: ACADEMIC RECORD									
10. List all subjects at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels – (Please provide copies of same)									
Examining Body (e.g. CXC, Level Cambridge)				Subject	Grade	Date Aw	varded (mm	1/yyyy)	
CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed									
CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level subjects passed									
Tertiary Level – List any other professional development programmes or courses completed									

Note: Provide a copy of the CBTT Provisional Certificate of Registration if applicable

SECTION 3: EMPLOYMENT RECORD

11. List employment information								
a) Name of Employer								
Position								
Address: Apt/Street								
r.,								
City/Town	Country							
From//	To/							
Telephone Number ()	Email:							
SECTION 4: FINANCIAL RESOURCES 12. Source of Funding								
12. Other of Funding								
□ SELF (Sign box below)	☐ COMPANY (Insert company stamp in box below)							
This application is made with my consent, and I intend to provide such fees as may be payable to the Trinidad and Tobago Insurance Institute.	We, undertake the (COMPANY NAME) responsibility of paying for the above-named applicant.							
, ,								
Signature of Applicant Date (dd/mm/yyyy	Authorized Signature and Company Stamp							
Please note the following: 1. State Licensing examinations are held online. 2. Examination fees must be paid in full upon submission of registration form (refer to brochure). 3. Examination fees are non-refundable and cannot be transferred to a later examination. 4. Exception to this policy will only be made in cases of serious illness (supported by valid documentation from a registered medical facility or physician) or other extenuating circumstances. The TTII has the sole discretion of deciding whether a deferral request is granted. In such cases, students will be charged a deferral fee in order to postpone their examination sitting (refer to brochure).								
5. Please be advised that all examination material remains the property of TTII. SECTION 5: DECLARATION								
13. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I accept that the Trinidad and Tobago Insurance Institute reserves the right to reject this application if the information submitted in its support is based in whole or in part on deception or fraud.								
Cian Arms of Ameliana	//							
Signature of Applicant Date (dd/mm/yyyy FOR OFFICIAL USE ONLY								
Documents Received:								
	Student Number:							
☐ Application Form								
☐ Two Valid Forms of ID (DP, PP, ID)	Signature of TTII Representative							
☐ Proof of Academic Qualifications								
□ Outstanding	Date (dd/mm/yyyy							
FEES:	Date (ud/IIIII/yyyy							
Examination Fee Paid	TTII Receipt Number							