

SECTION 3: EMPLOYMENT RECORD

11. List employment information	
a) Name of Employer	
Position	
Address: Apt/Street	
City/Town	Country
From ___/___/___	To ___/___/___
Telephone Number ()	Email:

SECTION 4: FINANCIAL RESOURCES

12. Source of Funding

SELF *(Sign box below)*

COMPANY *(Insert company stamp in box below)*

<p>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.</p> <p>..... Signature of Applicant</p> <p align="center">___/___/___ Date (dd/mm/yyyy)</p>	<p>We _____, undertake the (COMPANY NAME) responsibility of paying for the above-named applicant.</p> <p align="center">Authorized Signature and Company Stamp</p>
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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.

.....
Signature of Applicant

___/___/___
 Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

<p>Documents Received:</p> <p><input type="checkbox"/> Application Form</p> <p><input type="checkbox"/> Two Valid Forms of ID (DP, PP, ID)</p> <p><input type="checkbox"/> Proof of Academic Qualifications</p> <p><input type="checkbox"/> Outstanding.....</p>	<p>Student Number:</p> <p>..... Signature of TTII Representative</p> <p align="center">___/___/___ Date (dd/mm/yyyy)</p>
<p>FEES:</p> <p>Examination Fee Paid <input type="checkbox"/></p>	<p>..... TTII Receipt Number</p>