



TTII

TRINIDAD AND TOBAGO INSURANCE INSTITUTE

ATTIC'S TRAINING CENTRE, 46-50 PICTON STREET, NEWTOWN, PORT OF SPAIN,
TRINIDAD, WEST INDIES (P.O. BOX 311) TEL: 1 (868) 628-1663, 1 (868) 628-5457, 1 (868) 628-2969,

FAX: 1 (868) 622-4205; E-MAIL: rugavyahali@ttii.org.tt

CII TUITION REGISTRATION FORM

Please tick the appropriate box for each Unit:

FIT **IF1** **IF2** **IF3**

CII Student/ID Number: _____

Period Enrolled: _____ - _____ **20** _____

Title: Mr. Mrs. Miss

First Name: _____

Surname: _____

Date of Birth: D____/M____/Y____ **ID Number:** _____
(National ID, DP or Passport)

Country of Birth: _____

Company Name: _____

Branch Address: _____

Home Address: _____
(Non-Members are required to attach a utility bill)

Home Telephone: _____ **Mobile No.** _____

Email Address: _____

- **Photo ID must be attached with registration form.**
- **Payment must be made in full three day (3) prior to the commencement of classes.**
- **Payment can be made by Debit/Credit Card at the TTII's office, MEMBER company cheques or Manager's cheques. CASH IS NOT ACCEPTED AT TTII's office.**
- **All fees are non-refundable.**
- **Correspondence will be sent to candidate's Company if registered through Member Company.**
- **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>
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