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[www.ttaifa.com](http://www.ttaifa.com)



## Financial Services Certified Professional STUDENT SUPPLEMENTAL FORM

Enrollment Year: _____  <input type="checkbox"/> Returning Student (ID): _____	Indicate Semester <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Semester 3	Enrollment Deadlines November 3 <sup>rd</sup> March 2 <sup>nd</sup> June 30 <sup>th</sup>	Exams March July November
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*(Please ensure all information is legible)*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Name change (Deed Poll or Marriage) please indicate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Company Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Branch Secretary: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Contact: \_\_\_\_\_

*(Please indicate which course you are interested in pursuing)*

- |   |   |
|---|---|
| <input type="checkbox"/> FA 201 (Exploring Personal Markets)            | <input type="checkbox"/> FA 261 (Retirement Planning)   |
| <input type="checkbox"/> FA 202 (Meeting Client Needs)                  | <input type="checkbox"/> FA 271 (Foundations of Estate Planning)  |
| <input type="checkbox"/> FA 251 (Essentials of Business Insurance))     | <input type="checkbox"/> FA 290 (Ethics for the financial Services Professional)  |
| <input type="checkbox"/> FA 257 (Essentials of Life Insurance Products) | <input type="checkbox"/> FP 99 (FSCP Certification Exam)  |
|   | <input type="checkbox"/> FA 200 (Techniques for Prospecting: Prospect or Perish)<br><i>(NB: FA 200 is a separate certificate program from the FSCP)</i> |

*(Please indicate class area)*

North       South       East       *(NB: All classes are subject to class size and Moderator's location)*

Association Member	TT \$750 per course				
Non-Association Member	TT \$900 per course				
Select Payment Method (Shade/Tick Square)	Personal Cheque <input type="checkbox"/>	Company Cheque <input type="checkbox"/>	Linx <input type="checkbox"/>	Cash <input type="checkbox"/>	\$

APPLICANT'S STATEMENT: I understand that (1) successful completion of the course based on class participation, assignments and field projects, 80% attendance (NO EXCEPTION), a passing grade on a final examination acceptable to CARAIFA and (2) my enrollment and final status may be reported to my company. I further understand that any student whose behavior adversely affects reasonable order in class is subject to disenrollment, and may be barred from future participation in FSCP courses. The information on this application is accurate to the best of my knowledge.  
**NO REFUNDS WILL BE ENTERTAINED AFTER DEADLINE DATE.**

**I have read, understood and agreed to the terms stated above,**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date Signed*