

129 Edward Street, POS
 Tel: (868) 624-2940
 Fax: (868) 627-0208
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 rd March 2 nd June 30 th	Exams March July November
--	--	--	------------------------------------

(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 202 (Meeting Client Needs)
<input type="checkbox"/> FA 251 (Essentials of Business Insurance)
<input type="checkbox"/> FA 257 (Essentials of Life Insurance Products) | <input type="checkbox"/> FA 261 (Retirement Planning)
<input type="checkbox"/> FA 271 (Foundations of Estate Planning)
<input type="checkbox"/> FA 290 (Ethics for the financial Services Professional)
<input type="checkbox"/> FP 99 (FSCP Certification Exam)

<input type="checkbox"/> FA 200 (Techniques for Prospecting: Prospect or Perish)
<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 \$900 per course				
Non-Association Member	TT \$1150 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