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TTAIFA
TRINIDAD AND TOBAGO ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

AIAM/CIAM/CMFA

Associate Insurance Agency Manager (AIAM)
Chartered Insurance Agency Manager (CIAM)
Certified Manager of Financial Advisor (CMFA)

Enrollment Year: _____ ☐ New Student ☐ Returning Student (ID):_____	**Indicate Session** ☐ Session 1 ☐ Session 2 ☐ Session 3	**Session Dates:** April June August

(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 designation you are interested in pursuing)

☐ AIAM (Associate Insurance Agency Manager)
☐ CIAM (Chartered Insurance Agency Manager)
☐ CMFA (Certified Manager of Financial Advisor)

Association Member	US *$1000.00*				
Select Payment Method (Shade/Tick Square)	Personal Cheque ☐	Company Cheque ☐	Linx ☐	Cash ☐	*$*

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 TTAIFA 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 courses.

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NO REFUNDS WILL BE ENTERTAINED AFTER DEADLINE DATE. SEE PAGE 24 IN THE TTAIFA STUDENT HANDBOOK.

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

_____ _____

Applicant Signature *Date Signed*

Date revised: 28/01/2019