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TTAIFA
TRINIDAD AND TOBAGO ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

CARIBBEAN ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS
CARAIFA

Financial Services Certified Professional

STUDENT ENROLLMENT FORM

Enrollment Year: _____	Indicate Semester	Enrollment Deadlines	Exams
☐ New Student ☐ Returning Student (ID):_____	☐ Semester 1 ☐ Semester 2 ☐ Semester 3	November March June	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: _____

Allergies/Critical Medical Conditions: _____

(Please indicate which course you are interested in pursuing)

- ☐ FA 201 (Exploring Personal Markets)
- ☐ FA 202 (Meeting Client Needs)
- ☐ FA 251 (Essentials of Business Insurance)
- ☐ FA 257 (Essentials of Life Insurance Products)
- ☐ FA 261 (Retirement Planning)
- ☐ FA 271 (Foundations of Estate Planning)
- ☐ FA 290 (Ethics for the financial Services Professional)
- ☐ FP 99 (FSCP Certification Exam)

☐ FA 200 (Techniques for Prospecting: Prospect or Perish)
(NB: FA 200 is a separate certificate program from the FSCP

(Please indicate class area)

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

Association Member	TT *$3,400* per course	
Non-Association Member	TT *$3,750* per course	
Select Payment Method (Shade/Tick Square)	Personal Cheque ☐ Company Cheque ☐ Linx ☐ Cash ☐	*$*

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 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. 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: 18/02/2020