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TTAIFA
TRINIDAD AND TOBAGO ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS

Master Financial Advisor (MFA)

(Please ensure all information is legible)

First Name: _____ Surname: _____ Middle Initial: _____

Date of Birth: _____ Phone: _____ Work Phone: _____ Email: _____

Company: _____ Company Address: _____

Branch Manager: _____ Branch Secretary: _____

(Please indicate which designation you are interested in pursuing)

MFA **(Master Financial Advisor)** 301 ☐ 302 ☐ 303 ☐

Association Member	US *$1100.00*	
Select Payment Method (Shade/Tick Square)	Personal Cheque ☐ Company Cheque ☐ Linx ☐ Cash ☐	*$*

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.

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

_____ _____

Applicant Signature *Date Signed*

Date revised: 31/03/2022