



AMTC REGISTRATION FORM INTERNATIONAL ENROLLEES



MAIL TO:

LIMRA International – International AMTC
C/o The Trinidad and Tobago Association of Insurance and Financial Advisors
129-131 Edward Street, Port of Spain | Phone: (868) 624-2940/624-2608 | Email: education@ttaifa.com

PLEASE TYPE OR PRINT IN DARK INK.

Registered as a ☐ **Student**

Name: *(as you want it to appear on completed certificate)*: _____

Designation: ☐ CLU ☐ ChFC ☐ LUTCF/FFS ☐ FSCP ☐ Other: _____

Company: _____ Job Title: _____

Agency Name: _____ Business Address: _____

City, State, Postal Code: _____ Country: _____

Business Phone: _____ Fax: _____

Email: _____

INDICATE WHICH ONE DESCRIBES YOUR POSITION BEST:

☐ Agency Head ☐ Unit Manager ☐ Field Officer ☐ Other: _____

PLEASE PROVIDE INFORMATION FOR YOUR REPORTING HEAD.

Name: _____ Title: _____

Business Phone: _____ Mailing Address: _____

City, State, Postal Code: _____ Country: _____

Email: _____ Fax: _____

APPLICANT'S STATEMENT

I understand that (1) I am eligible for a refund of tuition only if I withdraw my application prior to attending class, (2) successful completion of the AMTC program is based on class participation, receiving a “passing grade” on assigned Action Projects and Planning Projects, completion of the Summary Planning Projects and attending 18 of 23 class sessions, (3) my enrollment and final status may be reported to my company. I further understand that recruiting or attempted recruiting of AMTC students enrolled in this class is not permitted (If Open Enrollment class).

Applicant's Signature: _____ Date: _____

SUPERVISOR'S STATEMENT

I agree to cooperate with the AMTC coordinator moderator in every possible way; specifically, to assist in supervising the applicant's assignments (Action Projects and Planning Projects), class participation and attendance.

Supervisor's Signature: _____ Date: _____