Advanced Diploma For
Financial Advisors

APPLICATION FOR ADVANCED DIPLOMA FOR FINANCIAL ADVISORS (ADFA) PROGRAMME

SECTION 1: PERSONAL INFORMATION

1. **Name**			
Title	Surname	First Name	Middle Name(s)

2. a) **Permanent Address**: Apt/Street/PO Box	3. **a) Mailing Address** (if different from 2): Apt/Street/PO Box
City/Town/Post Office / Country	City/Town/Post Office / Country
4. Home/Permanent Phone	**5. Mailing Address Phone**
6. **Mobile Phone**	**7. Work Phone**
8. Email Address	**9. Date of Birth (dd/mm/yyyy)** _____/_____/_____
10. Gender ☐ Female ☐ Male	**11. Identification (two forms – DP, PP, ID)**

SECTION 2: ACADEMIC RECORD

13. List all subjects passed at CXC (CSEC) General Proficiency, CXC (CAPE) and GCSE Ordinary and Advanced Levels

Examining Body (e.g. CXC, Cambridge)	Level	Subject	Grade	Date Awarded (mm/yyyy)
CXC (CSEC) General Proficiency and GCSE Ordinary Level subjects passed				
CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level subjects passed				
Tertiary Level – List any other professional development programmes or courses completed				

SECTION 3: FINANCIAL RESOURCES

14. Source of Funding

☐ Loan ☐ Self ☐ Company ☐ Award (specify): _____

15. Will you be able to meet your financial obligation by the registration deadline for examinations?

☐ Yes ☐ No

SECTION 4: EMPLOYMENT RECORD

16. List employment information starting with your current job

a) **Name of Employer**			b) **Name of Employer**		
Position			**Position**		
Address: Apt/Street/PO Box			**Address**: Apt/Street/PO Box		
City/Town/Post Office	Country		City/Town/Post Office	Country	
From _____/_____/_____	**To** _____/_____/_____		**From** _____/_____/_____	**To** _____/_____/_____	
Telephone Number ( )	**Fax Number** ( )	**Email:**	**Telephone Number** ( )	**Fax Number** ( )	**Email:**

How did you obtain information on the ADFA Programme?

☐ Direct Mail ☐ Employer ☐ Internet ☐ Other: Please specify _____

NOTES:

Please note the following:

1. By order of the Institute's Council ALL ADFA examinations are held on Saturdays ONLY
2. All fees paid are non-refundable
3. ALL candidates are required to sit examinations for the first time within 12 months of registering for any level of the programme
4. Candidates doing the ADFA exams are allowed a maximum of two examination re-sits of a particular paper allowing for the Programme to be completed in three years.

SECTION 5: DECLARATION

17. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I accept that the Institute of Banking and Finance of Trinidad and Tobago reserves the right to reject this application if the information submitted in its support is based in whole or in part on deception or fraud.	18. This application is made with my consent and I intend to provide such fees as may be payable to the Institute of Banking and Finance of Trinidad and Tobago.
_____ _____/_____/_____	_____ _____/_____/_____
Signature of Applicant Date (dd/mm/yyyy)	Signature of Applicant Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Documents Received:	**Original Documents Returned:**
☐ Application Form	_____ _____/_____/_____
☐ Two Valid Forms of ID (DP, PP, ID)	Signature of Applicant Date (dd/mm/yyyy)
☐ Proof of Academic Qualifications	
☐ Outstanding:_____	_____ _____/_____/_____
	Signature of Administrator Date (dd/mm/yyyy)

FEES:

Membership Fee Paid ☐ Annual Subscription Fee Paid ☐

Programme Fee Paid ☐

_____ _____/_____/_____ _____

Membership Number Date (dd/mm/yyyy) Receipt Number

Membership Category:	**Minimum Academic Qualification Waived** (to be approved by CEO)
☐ Banker	_____
☐ Non-Banker	Chief Executive Officer