



APPLICATION FOR CERTIFICATE FOR FINANCIAL ADVISORS (CERT.FA) 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		City/Town/Post Office	
Country		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 <input type="checkbox"/> Female <input type="checkbox"/> Male		11. Identification (two forms – DP, PP, ID)	
12. Indicate your specialization of choice <input type="checkbox"/> Banking <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Securities			

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			
From ____/____/____				To ____/____/____			
Telephone Number ()		Fax Number ()		Telephone Number ()		Fax Number ()	
Email:				Email:			

How did you obtain information on the Cert.FA Programme?
 Direct Mail Employer Internet Other: Please specify _____

NOTES:
Please note the following:

1. By order of the Institute's Council ALL Cert.FA 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 Cert.FA exams are allowed a maximum of two examination re-sits of a particular paper allowing for the Certificate to be completed in three years.

SECTION 5: DECLARATION

<p>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.</p> <p>_____/_____/_____ Signature of Applicant Date (dd/mm/yyyy)</p>	<p>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.</p> <p>_____/_____/_____ Signature of Applicant Date (dd/mm/yyyy)</p>
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FOR OFFICIAL USE ONLY

<p>Documents Received:</p> <input type="checkbox"/> Application Form <input type="checkbox"/> Two Valid Forms of ID (DP, PP, ID) <input type="checkbox"/> Proof of Academic Qualifications <input type="checkbox"/> Outstanding: _____	<p>Original Documents Returned:</p> <p>_____/_____/_____ Signature of Applicant Date (dd/mm/yyyy)</p> <p>_____/_____/_____ Signature of Administrator Date (dd/mm/yyyy)</p>
<p>FEES:</p> <p>Membership Fee Paid <input type="checkbox"/> Annual Subscription Fee Paid <input type="checkbox"/></p> <p>Programme Fee Paid <input type="checkbox"/></p> <p>_____/_____/_____ Membership Number Date (dd/mm/yyyy) Receipt Number</p>	
<p>Membership Category:</p> <input type="checkbox"/> Banker <input type="checkbox"/> Non-Banker	<p>Minimum Academic Qualification Waived (to be approved by CEO)</p> <p>_____ Chief Executive Officer</p>