



**PROFESSIONAL CERTIFICATE FOR FINANCIAL ADVISORS EXAMINATION  
REGISTRATION FORM**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr.  Mrs.  Miss

Candidate Membership Number: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Specialization:** Banking  Mutual Funds  Securities

**Level 1 – Introduction to Financial Services and Products**

**Level 2 – Financial Products**

**Level 3 – Case Book: Client Assessment and Advice**

**Finance Ethics Module**

**Returning Graduate**

**Preferred Examination Centre:** North:  Central:  Tobago:

**Examination Sitting:** April  September  Year: \_\_\_\_\_

**Special Request: Disability or/and Medical Condition**

**Important Note:**

*Examination fees and annual membership subscriptions must be paid in full by registration deadline. Examination fees are non-refundable and cannot be transferred to a later examination. Exceptions to this policy will only be made in cases of serious illness (supported by valid documentation from a registered medical facility or physician) or other extenuating circumstances, at the sole discretion of IBF. In such cases, students will be charged a deferral fee in order to postpone their examination sitting. Please be advised that all examination material remains the property of IBF.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only:**

Fees Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Registered by: \_\_\_\_\_

Quotation/Invoice Number: \_\_\_\_\_

Recommended by: \_\_\_\_\_