



Insurance Institute of Barbados Inc.

GROUND FLOOR, WEYMOUTH CORPORATE CENTRE, ROEBUCK STREET, ST. MICHAEL BB11080, BARBADOS
TEL: (246) 426-4882 FAX: (246) 427-8355

FOUNDED IN 1976

OVERSEAS EXAM CENTRE REGISTRATION FORM

STUDENT DETAILS

(Please complete this form in CAPITAL LETTERS)

Surname: _____ First Name (s): _____

Address: _____

_____ Phone No. _____

Email address: _____

Company: _____

EXAMINATION DETAILS

Please tick one box

Chartered Insurance Institute ☐
The Institutes ☐

Insurance Institute of Canada ☐
Other _____ ☐

Period of Exam _____

Date of Exam _____

Time of Exam _____

TERMS AND CONDITIONS

- I wish to register to sit my examinations, as specified above, at the Insurance Institute of Barbados (IIB).
- I agree to submit this form and pay to the IIB any and all administrative fees stipulated for sitting the exams no later than 7 days prior to the exam date.
- I understand that failure to pay these fees on time may result in my not sitting the exam.
- I understand that if I am not taking the exam that I have 24 hours to withdraw in writing as the IIB would need sufficient time to cancel the invigilators. In this time period there will be a full refund given. Outside of this time period, only 25% will be returned to me.
- I understand that same day cancellations will receive **NO** refund.
- American Exams cannot be taken within 5 working days of the close of the exam period.
- I have read and understood the information given in this document and agree to the Terms and Conditions.

Student's signature: _____ Date: _____

Company authorised signature and stamp if paying fees for student _____