Student Investment & Protection Plan



PLEASE COMPLETE IN CAPITAL LETTERS 1. Parent/Guardian/Owner Information SURNAME MIDDLE NAME FIRST NAME ADDRESS **UTC Financial Centre** 82 Independence Square, Two forms of Port of Spain identification required Tel: 625-UNIT (8648) ______ DRIVER'S PERMIT #______ PASSPORT # ____ NATIONAL ID # Fax: 624-0819 H ____ W___ C____ www.ttutc.com TELEPHONE # ______ dd/mm/yy B.I.R. # MALE ___ FEMALE ___ DATE OF BIRTH _ ARIMA 40-40A Green Street Tel: (868) 667-UNIT (8648) Fax: (868) 667-2586 2. Child's Information SURNAME SANGRE GRANDE Sinanan Building MIDDLE NAME 2 Eastern Main Road Tel: (868) 668-6475/691-UNIT (8648) FIRST NAME Fax: (868) 668-3872 ADDRESS POINT FORTIN 13 Handel Road MALE FEMALE dd/mm/yy Tel: (868) 648-6836/2997 DATE OF BIRTH __ Tel/Fax: (868) 648-2997 NAME OF SCHOOL COUVA 26 Southern Main Road SCHOOL'S ADDRESS __ Tel: (868) 636-9871 Fax: (868) 636-4750 3. Insurance Beneficiary Information (Must be Parent or Legal Guardian ONLY) CHAGUANAS Endeavour Road SURNAME Tel: (868) 671-UNIT (8648) Fax: (868) 671-6581 MIDDLE NAME SAN FERNANDO FIRST NAME 19-21 High Street Tel: (868) 657-UNIT (8648)/0041 ADDRESS Fax: (868) 652-0620 ONE WOODBROOK PLACE Unit # 27, 189 Tragarete Road ___ DATE OF BIRTH ___ _____ dd/mm/yy RELATIONSHIP Tel: (868) 625-UNIT (8648) Fax: (868) 628-4879 TELEPHONE # H _____ W C TOBAGO 4. Contribution Information Cor. Castries and Main Streets Scarborough Tel: (868) 639-5096 INITIAL CONTRIBUTION \$ Fax: (868) 660-7730 INSURANCE CONTRIBUTION \$ __ PERIOD OF COVERAGE 1yr.-\$25 2yrs.-\$50 3yrs.-\$70 4yrs.-\$90 _____ MONTHLY CONTRIBUTION ___ TOTAL INITIAL INVESTMENT ___ Everything that I have stated in this application is correct to the best of my knowledge and I have read and agree to the features of the Student Investment & Protection Plan. Applicant's Signature ____ DATE OFFICIAL USE ONLY AGENTS STAMP For non-residents UTC I.D. the following procedures apply: Account No. — 1. Notarised copy of 2 forms of I.D. must be given. 2. Notarised copy of application form must be given. DATA ENTERED BY: ___

All cheques must be payable to: Trinidad & Tobago Unit Trust Corporation

DATE ENTERED