



NOTIFICATION OF EMIGRATION

Surname: _____

First /Other Names: _____

(Estimated) Date of Emigration: _____
(Month) (Day) (Year)

(Estimated) Date of Return to Trinidad: _____
(Month) (Day) (Year)

Country emigrated to : _____

State/Province (optional): _____

Check one option

Reason for emigration:

Employment Post-graduate training Migration (not expected to return)

Other: Please specify _____

Date: _____

Signature: _____

Kindly mail this form to : Medical Board of Trinidad & Tobago
Building F2
Eric Williams Medical Sciences Complex
Champs Fleurs
Trinidad, W.I.

Or fax it to (1-868)-645-5826.