

EASTERN CARIBBEAN SECURITIES REGULATORY COMMISSION



**ECSM CERTIFICATION PROGRAMME EXAMINATION APPLICATION
FORM**

Application is hereby made to the Eastern Caribbean Securities Regulatory Commission to participate in the ECSM Certification Programme examinations. I am desirous of participating in the examination for prospective principals*, representatives* or investment advisors* (delete where inapplicable*).

INFORMATION ON THE APPLICANT

1. (a) Name of applicant _____

- (b) Full Residential Address

- (c) Place of Birth: _____

- (d) Nationality _____

- (e) Telephone No: _____

- (f) Fax No: _____

- (g) E-mail address of applicant: _____

2. Attach as a separate document a recent resume for the applicant. The resume should provide a summary of the applicant's qualifications, experience and positions held (including dates).
3. What is the applicant's level of authority/seniority within his/her organisation:

For questions 3 and 4, if answer is "Yes", attach annexures giving all relevant particulars.

4. Has the applicant within the past 10 years -

(a) been licensed or registered in any place under any law which requires licensing or registration in relation to securities business

Answer

(b) been licensed, registered or otherwise authorised by law to carry on any trade, business or profession in any place?

(c) been refused in any territory the right or restricted in its or his/her right to carry on any trade, business or profession for which a specific licence, registration or other authority is required by law?

5. Has the applicant within the past 10 years –

(a) been known by any name other than the name or names shown in this application?

Answer

(b) been convicted of any offence other than a traffic offence or have any proceedings now pending which may lead to a conviction?

(c) had judgement including findings in relation to fraud, misrepresentation or dishonesty been given against him/her in any civil proceedings?

(d) been declared bankrupt or compounded with or made an arrangement for the benefit of his/her creditors?

1. Set out below any additional information that you may consider relevant in processing this application:

AUTHORISATION

I certify that the information provided in this application form, the attached annexure(s) and submitted documents is complete, true and accurate, and that this application form is completed to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of fact in this application can and will prejudice the review of this application.

Name of Applicant

Signature

Dated this _____ day of _____ 20_____