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|  | **25th ECSM Certification Programme** **Workshop & Examination**23 May to 2 June 2023 |

# C:\Users\AD1028\Desktop\ECSE Logo.jpgRegistration Form

## Please select one:

**Theory Module + Practical Module + Examinations**

**Theory Module Only + Examination**

**Practical Module Only + Examination**

**Refreshers & Re-sits:**

**Re-sit: Includes - Practical Module + Examination**

**Re-sit: Includes – Theory Module + Examination**

**Refresher (*For Licensed Principals & Representatives Only)*: Theory + Practical Modules Only (no Exam)**

**Theory Module: 23 – 26 May & 30 to 31 May 2023; Practical Module: 1 to 2 June 2023**

**NOTE: Both Modules will be conducted via WebEx Web Conferencing.**

**All exams will be conducted online. However, we reserve the right to request that a candidate take the examination at an approved examination centre. In such cases, all exam centre and invigilation fees incurred are to be paid by the candidate.**

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## Candidate Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Title:  |  |
|  | Last | First | M.I. |  | *Mr/Miss/Mrs* |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Country |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

## EMPLOYMENT AND EDUCATIONAL QUALIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer: |  |  |  |  |
| Job Title: |  |  Years in Post: |

|  |  |
| --- | --- |
| Brief Description of Duties: |  |
|  |  |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| Do you have a first degree in Finance or similar certification? | YES[ ]  | NO[ ]  | If no, do you have work experience in the fields of Accounting or Finance? | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Do you have any knowledge of the operations of capital markets? | YES[ ]  | NO[ ]  |

 If yes, briefly describe how this knowledge was acquired.

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| --- | --- | --- | --- | --- |
| Do you intend to become licensed to operate within the ECSM? | YES[ ]  | NO[ ]  |

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## Education

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| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Date of Completion: |  |  |  Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |
| From: |  | To: |  | Date of Completion: |  |  | Degree: |  |

## OTHER RELEVANT PROFESSIONAL CERTIFICATIONS

Please list relevant certifications

|  |
| --- |
| Type of Certification: |
| Institution: |
|  |  |  |  |  |
| Type of Certification: |  |
| Institution: |
|  |  |  |
|  |  |  |  |  |

## WORKSHOP FEES AND PAYMENT INSTRUCTIONS

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| 1. Theory module + Practical Module + Examinations: EC$3,600.00
2. Theory Module Only + Examination: EC$2,100.00
3. Practical Module Only + Examination: EC$2,100.00
4. Re-Sit: Practical Module + Examination: EC$1,600.00
5. Re-Sit: Theory Module + Examination: EC$1,600.00
6. Refresher: Theory and Practical Modules Only: EC$1,500.00
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| **Instructions for Online Payments via credit card:****Click the below link:**<https://jad.cash/pay/101271519014>**Wire Instructions for ECD Payments:** |
|  ***Eastern Caribbean Central Bank*** **BIC Address ECCBKNSK, for credit to the account of** ***ECSRC account number 161750002*****Please account for Wire transfer fees charged by the correspondent banks in the remittance of payments by SWIFT message.****Wire Instructions for USD Payments** **Beneficiary Account name:****Eastern Caribbean Central Bank****Bird Rock** **Basseterre****St. Kitts** **Beneficiary SWIFT: ECCBKNSK** **Account Number/ABA NUMBER: 021 083 695**  **For Further Credit to ECSRC Account No. 161750002** **Bank:  Federal Reserve Bank, New York** **Bank SWIFT BIC: FRNYUS33****Kindly insert the following narrative for funds submitted via wire transfer:*****“Registration for 25th ECSM Certification Programme [Name of Registrant(s)]”*** |
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## Disclaimer and Signature

The Commission reserves the right to reject any registrant who fails to satisfy the minimum qualifying criteria (education and experience) for the Programme.

I certify that my answers are true and complete to the best of my knowledge, and I understand that payment of the relevant fees are non-refundable and should be submitted along with this completed Registration Form.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please submit completed Registration Forms on or before FRIDAY, 12 MAY 2023 to:**

 **info@ecsrconline.org**