

**29<sup>th</sup> ECSM Certification Programme  
Theory Workshop & Examination  
11 to 15 May 2026**

**REGISTRATION FORM**

Please select one:	
<input type="checkbox"/>	Theory Module + Examination
<input type="checkbox"/>	Examination only
<input type="checkbox"/>	<b><u>Refreshers &amp; Re-sits:</u></b>
<input type="checkbox"/>	Re-sit: Theory Module + Examination
<input type="checkbox"/>	Refresher (For Licensed Principals, Representatives and Investment Advisers Only) (no Exam)

**NOTE: The training will be conducted via Zoom Web Conferencing.  
The exam will be conducted online. However, we reserve the right to request that a candidate  
take the examination at an approved examination centre.**

Candidate Information			
Full Name:	_____	Title:	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
			<i>Mr/Miss/Mrs</i>
Address:	_____		
	<i>Street Address</i>		
	_____		
	<i>City</i>	<i>Country</i>	
Phone:	_____	Email:	_____

EMPLOYMENT AND EDUCATIONAL QUALIFICATIONS	
Name of Employer:	_____
Job Title:	_____
Years in Post:	_____
Brief Description of Duties:	_____

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. \_\_\_\_\_

Do you intend to become licensed to operate within the ECSM? YES  NO

Education	
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**

- 1. Theory Module Only + Examination: EC\$2,100.00
- 2. Theory Examination Only: EC\$1,500.00
- 3. Re-Sit: Theory Module + Examination: EC\$2,100.00
- 4. Refresher: Theory Module Only: EC\$1,000.00

**Wire Instructions:**

**EC Dollar Payments:**

*Eastern Caribbean Central Bank*

BIC Address ECCBKNSK, for credit to the account of ECSRC account number 161750002

**US Dollar 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

**Please account for Wire transfer fees charged by the correspondent banks for wire transfer payments.**

Insert the following narrative for all payments made via wire transfer:

*“Registration for 29<sup>th</sup> ECSM Certification Programme [Name of Registrant(s)]”*

**Credit/Debit Card Payments**

Please use the following link for debit/credit card payments:

<https://jad.cash/pay/101318774903>

**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, 1 May 2026 to:**

**[ecsrc@eccb-centralbank.org](mailto:ecsrc@eccb-centralbank.org)**

**or**

**[info@ecsrconline.org](mailto:info@ecsrconline.org)**