

REGISTRATION FORM

Please select one:	
<input type="checkbox"/>	Theory Module + Practical Module + Examinations
<input type="checkbox"/>	Theory Module Only + Examination
<input type="checkbox"/>	Practical Module Only + Examination
<u>Refreshers & Re-sits:</u>	
<input type="checkbox"/>	Re-sit: Includes - Practical Module + Examination
<input type="checkbox"/>	Re-sit: Includes – Theory Module + Examination
<input type="checkbox"/>	Refresher (<i>For Licensed Principals & Representatives Only</i>): Theory + Practical Modules Only (no Exam)

Theory Module: 22 – 29 July 2025; Practical Module: 8 – 12 August 2025

NOTE: Both Modules will be conducted via Zoom 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.

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

EMPLOYMENT AND EDUCATIONAL QUALIFICATIONS	
Name of Employer:	<div><div></div></div>
Job Title:	<div><div></div></div>
Years in Post:	<div><div></div></div>
Brief Description of Duties:	<div><div></div></div>

Do you have a first degree in Finance or similar certification?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have work experience in the fields of Accounting or Finance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any knowledge of the operations of capital markets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, briefly describe how this knowledge was acquired. <div><div></div></div>		
Do you intend to become licensed to operate within the ECSM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Education			
College:	<div><div></div></div>		
Address:	<div><div></div></div>		
From:	To:	Date of Completion:	Degree:
<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Other:	Address:		
<div><div></div></div>	<div><div></div></div>		
From:	To:	Date of Completion:	Degree:
<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

OTHER RELEVANT PROFESSIONAL CERTIFICATIONS

Please list relevant certifications

Type of Certification: _____

Institution: _____

Type of Certification: _____

Institution: _____

WORKSHOP FEES AND PAYMENT INSTRUCTIONS

- | | |
|---|--------------|
| 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 |

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 28th 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, 11 July 2025 to:

ecsrc@eccb-centralbank.org

or

info@ecsrconline.org