

REGISTRATION FORM

Candidate Information

Full Name: _____ Title: _____
Last First M.I. Mr/Miss/Mrs

Address: _____
Street Address

City Country

Phone: _____ Email: _____

Next of Kin:

Name: _____ Phone: _____

Special Dietary Needs: _____

Name of Employer: _____

Job Title: _____ No. of Years in Position: _____

Description of Duties: _____

* Please attach detailed Job Description and submit along with completed Registration Form

Do you have a first degree in Finance or similar certification? YES NO If no, do you have experience working in an Accounting of Financial capacity? YES NO

Do you have any prior knowledge of securities and capital markets? YES NO If yes, briefly describe how the knowledge was acquired.

Do you intend to become licensed to operate within the ECSM? YES NO If yes, when? _____

Education

College: _____ Address: _____

From: _____ To: _____ Date of Completion: _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Date of Completion: _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Date of Completion: _____ Degree: _____

Relevant Certifications

Please list relevant certifications

Type of Certification: _____

Institution: _____

Type of Certification: _____

Institution: _____

Type of Certification: _____

Institution: _____

Workshop Fee & Payment Instructions

WORKSHOP & EXAMINATION FEE: EC\$ 3,500

Please make cheques payable to the **Eastern Caribbean Securities Regulatory Commission** or by wire transfer (ECD Payments) to:

Eastern Caribbean Central Bank
BIC Address ECCBKNSK, for credit to the account of ECSRC account number 161750002

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 19th ECSM Certification Programme [Name of Registrant(s)]”

Accommodation

The recommended hotel is:

Royal St Kitts Hotel
Frigate Bay
St Kitts
Phone: 869-465-8651 Cell: 869-762-8653
Email: reservations@royalstkitshotel.com

Room Rates:
• 2-bedroom Suite (2 Private Bedrooms) – US\$267 per night
• Single bedroom/Standard Room – US\$218 per night

(prices includes all taxes; add breakfast for an additional US\$24.40 per night)

Please contact the hotel directly to make all reservations.

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 & Detailed Job Descriptions on or before 31 July 2018 to: ecsrc@eccb-centralbank.org for the attention of Ashanda Lapsey

For Official Use By The ECSRC

Verify Payment Received: _____
[Signature]

Date Payment Received: _____

Candidate Approved: _____ YES _____ NO Signature: _____ Date: _____