

## Financial Services Authority Scholarship Application Form

Passport Photo

Please select the course that you are applying	g for:			
Advanced Certificate in Compliance		Advanced Certificate in AML		
Details of Applicant				
1. Surname:				
2. First Name(s):				
3. Date of Birth (dd/mm/yyyy):				
4. Nationality:				
6. N.I.N:				
7. Address:				
8. Telephone Number:				
Educational Record				
10. Please state your highest academic qualification(s) and attach copies of certificates and transcripts				
Name of Institution	Year	Course	Score	

## **Employment Record**

11. Name of Organisation:
12. Post title:
13. Contact details of employer:
14. Summary of main responsibilities:
References
15. Please provide the contact details of your two referees:
Full name:
Post title:
Name of Organisation:
Address:
Telephone Number:
Full name:
Post title:
Name of Organisation:
Address:
Telephone Number:

## **Personal Statement**

16. Please describe why you have applied for the FSA S you achieve your personal goals, career aspirations an industry in Seychelles and why you wish to pursue this	d contribute to the Non-Bank Financial Services
Declaration of	Applicant
I declare that the information I have provided on this a my knowledge.  If this application leads to the successful award of a sc conditions governing the Financial Services Authority (any breach of these terms and conditions may result in become liable to reimburse all or part of the cost of m	holarship, I agree to be bound by all the terms and FSA) sponsored scholarships. I understand that a the termination of my scholarship and I may
Signature of Applicant	Date of Signature

Documents to submit with your application:

- Passport photo
- Copy of National Identity Card
- Updated Curriculum Vitae
- Academic transcripts
- ICA Certificate Compliance/AML