#### BUILDING KNOWLEDGE FOR SINGAPORE'S FINANCIAL CENTRE



FINANCIAL SECTOR DEVELOPMENT FUND

**Financial Sector Technology & Innovation (FSTI) Scheme**

* ***Proof-of-concepts***

**APPLICATION FORM**

**Instructions**

1. This application form contains 5 printed pages. Applications that are not fully completed will not be considered.
2. False declaration or wilful suppression of material facts at any time during the application, delivery and reimbursement process will render the application liable to disqualification or if subsequently approved, to recovery of monies awarded.
3. Any material change (including but not limited to change in financial activity under area of focus, staffing and financials for the project) will be subject to approval from the Financial Sector Development Fund Secretariat, and must be submitted to [fintech\_office@mas.gov.sg](mailto:fintech_office@mas.gov.sg) prior to the commencement of the project.

**PART 1**

#### APPLICANT INFORMATION

|  |  |
| --- | --- |
| NAME OF INSTITUTION, COMPANY, BODY OR ASSOCIATION: | |
| ADDRESS: | POSTAL CODE: |
| TELEPHONE NUMBER: | FACSIMILE NUMBER: |
| EMAIL ADDRESS: | WEBSITE ADDRESS: |
| DATE OF REGISTRATION OF BUSINESS IN SINGAPORE (DD/MM/YY):       (Please attach the letter of registration of business together with the application form) | |
| BUSINESS REGN NO. / UNIQUE ENTITY NO : | COUNTRY OF REGISTRATION: |
| DATE OF COMMENCEMENT OF BUSINESS IN SINGAPORE (DD/MM/YY): | |
| REGISTERED FINANCIAL INSTITUTION:  Yes / No | LICENSE/COMPANY CATEGORY (FOR FIs ONLY): |
| NAME OF PAYEE FOR REIMBURSEMENT PURPOSE (If different from above name): | |
| SELECT PAYMENT OPTION  PAYNOW CORPORATE  GIRO / WIRE PAYMENT (LOCAL)  GIRO / WIRE PAYMENT (FOREIGN) | |
| LOCATION OF RESEARCH AND DEVELOPMENT RESOURCES (Local and Overseas): | |
| INFO ON KEY BUSINESS/INNOVATION ACTIVITIES:  (Please provide more information on key business activities undertaken and existing/proposed project related staff strength) | |
| Financial Year-end: | |

#### PROJECT DETAILS

**PART 2**

|  |
| --- |
| PROJECT TITLE: |
| PROJECT PERIOD: |
| AREA OF FOCUS:  Asset Management / Commercial Banking / Corporate Finance / Finance Company / Insurance / Wealth Management / Securities / Research/ Treasury / Others (please elaborate): |
|  |
| PROJECT PARTNERS:   |  |  |  |  | | --- | --- | --- | --- | | **S/N** | **Partner Information** | **FI / non-FI** | **Project Roles** | | 1 | Company Name:       Contact Person:       Email:       Phone: |  |  | | 2 | Company Name:       Contact Person:       Email:       Phone: |  |  | | … | Company Name:       Contact Person:       Email:       Phone: |  |  | |

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| --- |
| PROJECT OBJECTIVE AND DESCRIPTION:  **NOTE**: Project proposals will be evaluated by an external panel consisting of professionals and experts from the financial industry. While applicants should disclose sufficient information for a comprehensive and thorough evaluation, discretion and caution should be exercised in the provision of proprietary or confidential information in the proposal. Applicants may choose to submit a separate copy of the proposal or a separate Appendix to the proposal with additional information which will be useful and relevant for the proposal evaluation, but should not be circulated to the external panel. Any such document with restricted circulation should be clearly and specifically marked on the document.  Please provide a project proposal, in a separate document, with description of the investigative activities for which FSTI application is made. |

**PART 3**

#### PROPOSED COST ITEMS

Please specify the estimated budget for the project. You may add additional rows as required. Note that only the below expense items are eligible for funding support:

* **Basic manpower costs**, i.e., basic salaries plus employee’s CPF contribution, excluding employer’s CPF contribution, annual wage supplements, bonuses, allowances (fixed and variable), and overtime. The salaries of founders and direct owners of the applicants are specifically excluded.
* **Professional services costs**, including consultancy, sub-contracting or prototyping costs by third-party locally-based companies/vendors.
* **Equipment / software costs**, including purchase price and costs related to commissioning and operation (e.g., delivery, installation, handling). Only project-related technical software is supported.
* **IP Rights**, including licensing and technology acquisition costs from non-related parties.
* **Other Operating Expenditures (subject to specific approval)**, including project-related training by external parties, patent-related costs, and rental of specialized equipment or facilities.

| **S/N** | **Category** | **Description** | **Cost (S$)** | **For Official Use Only** |
| --- | --- | --- | --- | --- |
| 1 | Basic Manpower | Enter only total Manpower Cost here. Detailed Manpower Costs to be included in the table below. |  |  |
| 2 | Professional Services |  |  |  |
| 3 | Equipment / Software |  |  |  |
| 4 | IP Rights |  |  |  |
| 5 | Other Operating Expenditures |  |  |  |
| Total Costs | | |  |  |
| **Total Qualifying Costs** | | | |  |
| **Level of Funding Support (%)** | | | |  |
| **Provisional Grant** | | | |  |
| **Grant Period** | | | |  |

**Detailed Manpower Costs**

| **S/N** | **Job Title/ Designation & Responsibilities** | **Basic Monthly Salary**  **(S$)** | **No. of Months on Project** | **Total Salary (S$)** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **…** |  |  |  |  |
| **Total Manpower Costs** | | | |  |

**PART 4**

#### DECLARATION

1. Has the applicant been or is currently being:

* investigated for or charged with or convicted of any criminal offence or subject to any criminal proceedings; or
* subject to any disciplinary proceedings or regulatory action by any regulatory or licensing authority, in any jurisdiction in the last 5 years?

**Yes**  **No**

1. Has the applicant been or is currently being engaged in any civil suit or proceedings in any jurisdiction in the last 5 years?

**Yes**  **No**

1. Is the applicant currently, or has been:

* bankrupt, wound up or under judicial management
* subject to any bankruptcy, winding up or judicial management proceedings, or
* appointed a receiver or manager?

**Yes**  **No**

(If Yes to any of the above, please provide details below.)

|  |
| --- |
|  |

4) Is the applicant currently also enjoying any other grants/incentives (e.g. tax) administered by the MAS?

**Yes**  **No**

1. Is the applicant currently also enjoying any other grants/incentives not administered by the MAS?

**Yes**  **No**

(If Yes, please provide grant details in the below table.)

|  |  |
| --- | --- |
| **Grant agency** | **Grant details** |
|  |  |
|  |  |
|  |  |

I declare that the information provided in this application form and sheets attached hereto are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact. I also understand that if after approval of the application, it is found that I have made a false declaration or willfully suppressed material facts, the monies awarded will be recovered.

|  |  |  |
| --- | --- | --- |
| NAME OF AUTHORISED SIGNATORY[[1]](#footnote-1): (Dr/Mr/Ms/Mrs) | | |
| DESIGNATION: | | |
| CONTACT NO: | E-MAIL: | |
| AUTHORISED SIGNATURE[[2]](#footnote-2):  DATE:       /       / | | |
| CONTACT PERSON: (Dr/Mr/Ms/Mrs) (If different from above) | | |
| DESIGNATION: | | |
| CONTACT NO.: | | E-MAIL: |

1. Authorised signatory should be at least a Department Head or equivalent [↑](#footnote-ref-1)
2. E-signature is preferred [↑](#footnote-ref-2)