

Financial Services Authority Professional Scholarship Application Form

Passport	Photo

Please select the course that you are applyin Certificate in Anti-Money Laundering Certificate in Compliance Specialist certificate in financial crime				
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:				
Ec	lucational Re	ecord		
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:	
Downwal Statement	
Personal Statement	
scholarship will help you achieve your personal goals, career aspirations and contribute to Financial Services industry in Seychelles and why you wish to pursue this field of study. (page if required)	Use additional

Declaration of Applicant

I declare that the information I have provided on this application form is true and accurate to the best o my knowledge.		
Signature of Applicant	Date of Signature	

Documents to submit with your application:

- Passport photo
- Copy of National Identity Card
- Updated Curriculum Vitae
- Academic transcripts