



BUILDING TALENT FOR SINGAPORE'S FINANCIAL CENTRE FINANCIAL SECTOR DEVELOPMENT FUND

FINANCIAL TRAINING SCHEME

APPLICATION FORM

INSTRUCTIONS

1. This application form contains seven printed pages. Applications that are not fully completed will not be considered.
2. Applications and complete training programme / course materials must be received by the Financial Sector Development Fund Secretariat **at least one month before the commencement of the course.**
3. A separate application form must be submitted for each training programme.
4. False declaration or wilful suppression of material facts will render your application liable to disqualification or if subsequently approved, to recovery of monies awarded.
5. Any material changes including but not limited to changes in programme name, content, trainer and participants must be submitted to the Financial Sector Secretariat at least one week prior to the commencement of the course, to be subjected for approval.
6. Please return completed application form to:

Financial Sector Development Fund Secretariat
Financial Centre Development Department
Monetary Authority of Singapore
10 Shenton Way, MAS Building
Singapore 079117



PART I COMPANY INFORMATION

Company Information

Company Name _____

Address _____

_____ Postal Code _____

Telephone Number _____ Facsimile Number _____

Website Address _____

Email Address _____

Date of Commencement of Operations in Singapore ___DD / ___MM / ____YYYY

Please provide a brief description of the company's main business activities.

Total staff strength is _____ as at ___DD / ____MM / ____YYYY.

Company Training Expenditure

Total gross training expenditure for the last financial year (S\$) _____

Total gross training expenditure as a percentage of total payroll¹ (%) _____

Total gross training days per staff² _____

Average percentage of staff trained _____

¹Total payroll includes bonuses/incentive payments/allowances but excludes employer's CPF contributions.

²One training day is equivalent to 7.5 training hours



PART II TRAINING PROGRAMME

Please attach a copy of the programme outline.

Training Programme Name _____

Duration of Training Programme

PERIOD		TYPE OF TRAINING ³	AREAS OF TRAINING ⁴	TOTAL NUMBER OF TRAINING HOURS
FROM	TO			

Note:

³ Indicate if type of training is course-base training/conference (in-house/local/overseas) or attachment (in-house/local/overseas).

⁴ Indicate if area of training is Asset Management, Commercial Banking, Treasury, Investment Banking, Capital Markets, Insurance, or Others (please specify).

Please state the objective/purpose for training and how the proposed training will benefit your company and how it will contribute to the development of Singapore's financial centre.

Purpose / Objective _____

Benefits _____

Contributions _____

Estimated Cost of Training

ITEM	COST S\$
Course fees	
Economy return airfare	
Accommodation	
Overseas Cost-of-Living Allowance	
TOTAL	



PART III TRAINING PROVIDER INFORMATION

Please attach profile of training provider.

Training Provider Name _____

Address _____

_____ Postal Code _____

Telephone Number _____ Facsimile Number _____

Website Address _____

Email Address _____

Training Instructor(s) Information

Please attach detailed resume. Please use separate sheets if there is more than one training instructor.

Training Instructor Name _____

Highest Educational Qualification Attained _____

Professional Qualifications _____

Relevant Industry Experience

COMPANY	DESIGNATION	JOB DESCRIPTION	PERIOD	
			FROM	TO

Relevant Teaching Experience

COMPANY	DESIGNATION	JOB DESCRIPTION	PERIOD	
			FROM	TO



Publication(s) or Contribution to Journal(s)

DATE	PUBLICATION/JOURNAL	TITLE	DESCRIPTION

PART IV PARTICIPANT’S INFORMATION

To be completed if training is conducted **in-house/locally**. Please use separate sheets if there is insufficient space.

Details of Participant(s)

Salutation	Name of Participant	Designation	Job Description	Seniority ⁵	Period of Training Programme

Note:

⁵ Indicate if participant is a fresh graduate, junior/middle/senior management.

PART V PARTICIPANT’S INFORMATION

To be completed if training is conducted **overseas**. Please use separate sheets if there is more than one participant.

Details of Participant(s)

Participant Name _____

Gender : Male/Female Date of Birth : ____DD / ____MM / ____YYYY

Academic Qualification (in reverse chronological order)

Name of Institution	Country of Study	Period		Highest Qualification Attained
		From	To	



Working Experience (in reverse chronological order)

Period		Name of Employer	Position Held	Principal Responsibilities
From	To			

PART VI DECLARATION

I declare that the information provided in this application and sheets attached hereto are true to the best of my knowledge and belief and that I have not wilfully 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 wilfully suppressed material facts, the monies awarded will be recovered.

Name of Authorised Signatory : (Dr/Mr/Ms/Mrs/Mdm) _____

Designation : _____

Authorised Signature : _____

Company Stamp : _____

Date : _____

Contact Person

Name : (Dr/Mr/Ms/Mrs/Mdm) _____

Designation : _____

Contact Number : _____

E-mail Address : _____



PART VII ACKNOWLEDGEMENT SLIP

Please complete this section.

Company Name: _____

Contact Person: _____

Fax Number: _____

Training Programme Name: _____

Training Programme Date: _____

We hereby acknowledge receipt of your application for the FSDF Financial Training Scheme. Please note that this acknowledgement **does not** constitute confirmation of the approval of your application for the scheme, the validity, accuracy or completeness of the content of the application submitted. Notwithstanding this acknowledgement, an application may be subsequently rejected if it is found that (a) it does not meet the criteria of the scheme and/or (b) it is false, inaccurate or incomplete in any way. Please do not hesitate to contact Ms Siti at Tel: 229 9396 if you have any enquiries regarding the above application.

FINANCIAL SECTOR DEVELOPMENT FUND SECRETARIAT MONETARY AUTHORITY OF SINGAPORE

For Official Use

Reference Number*: _____

Date of Receipt: _____

Receiving Officer's Initial: _____

* Please quote this reference number for future correspondences.