

# Certificate in Capital Markets APPLICATION FORM



Forward the application to reach us on or before **3<sup>rd</sup> April 2009**  
Please write in BLOCK CAPITALS

## BATCH SELECTION

Strictly weekday

Strictly weekend

Either is OK

## PERSONAL DETAILS

Family Name:		Title: (Mr/Mrs/Ms)	
Other Names :			
Date of Birth:		Gender (M/F):	Nationality:
Permanent Home Address:		Address of Correspondence:	
Mobile No:			
Tel No : (land line)		Tel No:	
Email Address:		Fax No:	

## EDUCATION

Primary Education : Advanced Level

Subject	Grade

**OTHER ACADEMIC / PROFESSIONAL QUALIFICATION**


**EMPLOYMENT**

If you are presently employed please state employer’s name and nature of your work:


(Note: your employer will not be contacted without your permission)

**DECLARATION:**

I certify that the information given in this application is true, complete and accurate and no information has been omitted. I accept that if I do not fully comply with these requirements the Financial Services Academy shall have the right to cancel my application and shall have no claim against them. I understand that this application and all supporting documents become the confidential property of the Financial Services Academy and will not be returned, copied or released.

Signature.....

Date .....

**FOR OFFICE USE ONLY**

Payment Details: .....

Date : .....

Receipt #:.....

**Payment Details**

Cheques and cash should be deposited to the **HSBC A/C No. 001 – 563428 – 001** and forward the original receipt along with the application form (All cheques should be drawn in favor of **“Securities and Exchange Commission of Sri Lanka”** crossed “A/C Payee Only”)

**For more information**

Visit Website:[www.fsalanka.edu.lk](http://www.fsalanka.edu.lk) & [www.sec.gov.lk](http://www.sec.gov.lk)  
E-Mail:[thushara@sec.gov.lk](mailto:thushara@sec.gov.lk), Tele:2439144 – 17 ext :119, Tele/fax:2423261

**Financial Services Academy**  
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