



## Financial Training Scheme (FTS)

### ● APPLICATION FORM

#### Instructions

1. This application form contains four 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 1 COMPANY INFORMATION

### Company Information

COMPANY NAME:	
ADDRESS:	
	POSTAL CODE:
PHONE NO.:	FAX NO.:
EMAIL:	WEBSITE:

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

Date of commencement of operations in Singapore \_\_\_\_ DD/ \_\_\_\_ MM/ \_\_\_\_ YYYY

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 payroll<sup>1</sup> (%) \_\_\_\_\_

Total gross training day per staff<sup>2</sup> \_\_\_\_\_

Average percentage of staff trained \_\_\_\_\_

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

<sup>2</sup>One training day is equivalent to 7.5 training hours.

## PART 2 TRAINING PROGRAMME

Please attach a copy of the programme outline.

TRAINING PROGRAMME NAME:
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### Duration of Training Programme

PERIOD		TYPE OF TRAINING <sup>3</sup>	AREAS OF TRAINING <sup>4</sup>	TOTAL NUMBER OF TRAINING HOURS
FROM	TO			

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

<sup>4</sup>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\$ (EXCLUDING GST)
Course Fees	
Economy Return Airfare	
Accommodation	
Overseas Cost-of-Living Allowance	
<b>Total</b>	

### PART 3 TRAINING PROVIDER INFORMATION

Please attach profile of training provider.

TRAINING PROVIDER:	
ADDRESS:	
	POSTAL CODE:
PHONE NO.:	FAX NO.:
EMAIL:	WEBSITE:

#### 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

PERIOD		COMPANY	DESIGNATION	JOB DESCRIPTION
FROM	TO			

#### RELEVANT TEACHING EXPERIENCE

PERIOD		COMPANY	DESIGNATION	JOB DESCRIPTION
FROM	TO			

#### PUBLICATION(S) OR CONTRIBUTION TO JOURNAL(S)

DATE	PUBLICATION/JOURNAL	TITLE	DESCRIPTION

### PART 4 PARTICIPANT'S INFORMATION

To be completed if training is in the form of a course or conference. Please use separate sheets if there is insufficient space.

#### DETAILS OF PARTICIPANT(S):

SALUTATION	NAME OF PARTICIPANT	DESIGNATION	JOB DESCRIPTION	SENIORITY <sup>5</sup>	PERIOD OF TRAINING PROGRAMME

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

## PART 5 PARTICIPANT'S INFORMATION

To be completed if training is in the form of an attachment. Please use separate sheets if there is more than one participant.

PARTICIPANT'S NAME:			
GENDER: MALE / FEMALE	DATE OF BIRTH: DD/ MM/ YYYY		

### ACADEMIC QUALIFICATION (IN REVERSE CHRONOLOGICAL ORDER)

PERIOD		NAME OF INSTITUTION	COUNTRY OF STUDY	HIGHEST QUALIFICATION ATTAINED
FROM	TO			

### WORK EXPERIENCE (IN REVERSE CHRONOLOGICAL ORDER)

PERIOD		NAME OF INSTITUTION	COUNTRY OF STUDY	HIGHEST QUALIFICATION ATTAINED
FROM	TO			

## PART 6 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)	
DESIGNATION:	
AUTHORISED SIGNATURE:	COMPANY STAMP:
DATE: / /	

CONTACT PERSON: (Dr/Mr/Ms/Mrs)	
DESIGNATION:	
CONTACT NO.:	E-MAIL:

## PART 7 ACKNOWLEDGEMENT SLIP

Please complete this section.

COMPANY NAME:	
CONTACT PERSON:	FAX NO.:
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: 6229 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.