

SECURITIES AND EXCHANGE COMMISSION OF SRILANKA APPLICATION FORM



Please fill the application form in BLOCK CAPITALS **PERSONAL DETAILS** Family Name: Title: Mr / Mrs / Ms First Name: Middle Name: Date of Birth: Nationality: Gender (M/F): NIC No: Address of Correspondence: Mobile No: Tel No: (land line) **Email Address: EDUCATION** Category I Registration Number: Year of Completion: **Certificate in Capital Markets (CCM)** Year of Completion: Category II Programme **Academic Qualification Category III** University Academic Programme Year of Completion **Professional Qualifications**

| DECLARATION | | |
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| has been omitted. I accept that Education & Training Division, oright to cancel my application as | if I do not fully comply with these of The Securities & Exchange Com nd shall have no claim against ther become the confidential property | ete and accurate and no information requirements of the Capital Market mission of Sri Lanka shall have the n. I understand that this application of the Capital Market Education & |
| Signature | | |
| Applicants will be required to sul • Copy of the CCM certification. | - | with the completed application form |
| or/and | ofessional examination certificate | |
| The copies of the above certicommissioner of oaths / Not | ificates should be certified by a cary Public | Justice of peace / |
| | FOR OFFICE USE ONLY | |
| Documents Submitted | Payment Details | Educational Certificates |
| BOC receipt for | | |
| SEC payment (Rs. 36,000) CISI £ 150 bank draft | | |

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| CISI £ 150 bank draft | | |
| Degree / professional, Educational | | |
| certified copies | | |

Capital Market Education & Training Division Securities and Exchange Commission of Sri Lanka

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