



Investor Education Scheme (IES) - Retail

● APPLICATION FORM

Instructions

1. This application form contains five printed pages. Applications that are not fully completed will not be considered.
2. Original applications must be received by the Financial Sector Development Fund Secretariat **at least 8 weeks prior to the commencement of the programme**. The processing of each application takes at least 8 weeks.
3. False declarations or wilful suppression of material facts will render your application liable to disqualification or if subsequently approved, to recovery of monies awarded.
4. Any material changes including but not limited to changes in programme name, content, trainer and participants is subject to approval by the Financial Sector Development Fund Secretariat. The Secretariat should be notified of these changes prior to the commencement of the programme.
5. Please return the completed application form to the Secretariat via:
c/o Investment Intermediaries Department
Consumer Issues Division
Monetary Authority of Singapore
10 Shenton Way, MAS Building
Singapore 079117

PART 1**APPLICANT INFORMATION**

APPLICANT NAME:	
ADDRESS:	
	POSTAL CODE:
PHONE NO.:	FAX NO.:
EMAIL:	WEBSITE:
DATE OF COMMENCEMENT OF OPERATIONS IN SINGAPORE (DD/MM/YY):	
NAME OF PAYING ENTITY FOR REIMBURSEMENT (IF DIFFERENT FROM ABOVE)*:	

*Approved grants will only be disbursed to the applicant or to a related entity who has made payment for the project.

Please briefly describe the applicant's main business activities:

PART 2**EDUCATION PROGRAMME**

PROGRAMME TITLE:	
AREA OF EDUCATION	(Circle) Insurance & Financial Planning / Consumer Banking / Treasury & Structured Products / Equities / Others (specify):
TARGET AUDIENCE	(Circle): First time investors / Investors with some knowledge / Experienced investors Number: _____

1. Duration of Programme (Please specify separate dates if there is more than one run of the programme)

PERIOD (DD/MM/YY)		MODE OF DELIVERY ¹	VENUE/DELIVERY CHANNEL ²
FROM	TO		

¹ Select from: a. Seminar/Workshop b. Exhibition/Roadshow c. Print Media d. Internet e. Others (specify).

² Indicate programme venue, name of print media or internet website where applicable.

2. About the Programme (Please attach a copy of the programme outline to this application form)

a. Please describe the objective and purpose of the programme.

b. Please describe how the programme will benefit participants and contribute to the development of the Singapore financial sector.

3. Revenue & Costs of the Programme

a. Estimated **Costs** of the programme.

ITEM	COSTS S\$ (Excluding GST)	REMARKS (if any)
Manpower		
Materials		
Rental of Venue & Equipment		
Publicity & Promotion		
Total		

b. Estimated **Revenue** from the programme (if any).

ITEM	REVENUE S\$ (Excluding GST)	REMARKS (if any)
Sponsorships		
Total Fees from Participants		Fee Per Participant: S\$ _____
Others: _____		
Total		

PART 3

DETAILS OF TRAINING PROVIDER



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

Please attach the company's profile to this application form.

PART 4

DETAILS OF INSTRUCTOR/FACILITATOR



Please attach detailed resumes of all instructors and/or facilitators to this application form.

The resume(s) should include :

- Name of the Instructor / Facilitator
- Age, Gender
- Educational Qualifications
- Professional Qualifications
- Relevant Industry Experience (Company, Designation, Job Description, Period)
- Relevant Teaching Experience (Company, Designation, Job Description, Period)
- Any other information that could support this application

PART 5

DECLARATION



I declare that the information provided in this application form and sheets attached hereto are true to the best of my knowledge and belief, and that I have not willfully 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 willfully 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:

* Delete where applicable

** Authorised signatory should be at least a Department Head or equivalent