



Please complete this form and mail to:
 The Reviewing Officer – IBF (FICS Funding)
 10 Shenton Way, #13-07/08
 MAS Building
 Singapore 079117

Application form for FICS Funding Application Login Account

Name of organisation : _____

Address : _____
 _____ Postal Code : _____

Authorised officer(s) for FICS funding registration (*ID & password will be sent to the respective emails below)

1. Name of authorised officer**: _____ NRIC/Passport : _____
(required during login)

Email* : _____ Tel : _____ Fax : _____

2. Name of authorised officer**: _____ NRIC/Passport : _____
(required during login)

Email* : _____ Tel : _____ Fax : _____

Please indicate the types of funding claims that will be submitted for processing with the account (tick one box only):

- For Company Sponsored Individuals
- For Non-Company Sponsored Individuals

We accept the responsibilities:

- that the above particulars are true and correct.
- to ensure that only authorised personnel will have access to the login account.

We accept that the Institute has the right :

- to approve, reject or terminate the funding application/account in its absolute discretion.

Name of Authorised Signatory**	Designation	Date
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 Signature of Authorised Signatory & Company Stamp

** Please note that the name of authorised officer(s) and the name of authorised signatory cannot be the same person.

For Official Use

Reviewing Officer: Recommended Not Recommended
 (Reason if not recommended : _____)

Approving Officer : Approved Not Approved

Reviewing Officer's Name & Signature/Date	Approving Officer's Name & Signature/Date
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