



YOUNG TALENT COMPETITION



APPLICATION FORM CATEGORY 1 - QUIZ COMPETITION

Please fill in the Registration form (in BLOCK LETTERS) and send us by fax + 230 467 7172 or e-mail on ytc@fscmauriti.us. The deadline to submit the Application Form is Friday 29 March 2019.

A. GENERAL INFORMATION	
Participant 1	
Last Name:	First Name:
Date of Birth:	Grade/Level:
Contact Number:	Email:
Participant 2	
Last Name:	First Name:
Date of Birth:	Grade/Level:
Contact Number:	Email:
Participant 3	
Last Name:	First Name:
Date of Birth:	Grade/Level:
Contact Number:	Email:
B. NAME OF TEAM:	
C. NAME OF SCHOOL	ZONE (PLEASE TICK):
	Zone 1 <input type="checkbox"/>
	Zone 2 <input type="checkbox"/>
	Zone 3 <input type="checkbox"/>
	Zone 4 <input type="checkbox"/>
	Zone 5 <input type="checkbox"/>

D. Details of Responsible Educator

Name:	
Contact Number:	Email:
Signature:	

E. Authorisation of Responsible Party (Applicable for Minors)

I, the undersigned, agree that my ward participates in the Young Talent Competition organised by the Financial Services Fund, operating under the Financial Services Commission, Mauritius.

Name of Participant 1:

Name of Responsible Party:

Signature: **Date:**

Name of Participant 2:

Name of Responsible Party:

Signature: **Date:**

Name of Participant 3:

Name of Responsible Party:

Signature: **Date:**

F. Authorisation of School

Name of School / Institution:	
Authorised Signature: Date:	School's Seal:

G. FOR OFFICIAL USE (ONLY)

Code:	Date of Receipt:
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Remarks:

PARTICIPANT’S DECLARATION

We, the undersigned participants, declare that the particulars submitted in this application form are true and accurate and that we have not willfully suppressed any material fact. In addition, we declare that we have fully read and understood the Terms and Conditions of the Competition.

Signature (Participant 1):..... **Date:**

Signature (Participant 2):..... **Date:**

Signature (Participant 3):..... **Date:**

Note: Incomplete applications will not considered.