

To be sent back to ATTF contact in your country  
**by 13 March, at the latest.**

**Please be aware that ATTF will only  
consider fully completed forms**

APPLICATION FORM

**CAPITAL MARKETS BACK-OFFICE CERTIFICATION PROGRAMME  
CAMBOC  
LEVEL II: MASTERING SECURITIES BACK-OFFICE OPERATIONS**

**Luxembourg, 18 to 22 April 2016**

**PERSONAL INFORMATION**

Mr     Mrs     Ms

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport number:  
(for those who need a visa): \_\_\_\_\_

Valid until: \_\_\_\_\_

Name of the work institution: \_\_\_\_\_

Position title : \_\_\_\_\_

Street: \_\_\_\_\_ Nr: \_\_\_\_\_ City: \_\_\_\_\_

Zip code : \_\_\_\_\_ Country : \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**EMERGENCY INFORMATION**

Name of the person to be contacted in case of emergency:

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Relation :

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Phone number:

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**DIETARY RESTRICTIONS**

Please indicate any dietary restrictions. We will try to take them into consideration in the choice of the menu for the welcome diner and the closing event.

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**LANGUAGE COMMAND**

Mother tongue: .....

Other languages

Please mark : **very good, good or reasonable**:

Language	Understanding	Speaking	Reading/Writing
1.			
2.			
3.			

## STUDIES

Please start with last attended institution and proceed in reverse chronological order.

Name and location of the school / university	Years of study from - to	Majors subjects

## SESSIONS OF SPECIALIZATION

(during studies or professional career). If you have attended any ATF seminar in your country or in Luxembourg please mention here.

Institution	Date / Duration	Majors subjects

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**EMPLOYMENT**

Please start with your present occupation and proceed in **reverse chronological** order.

1. Name of the employer (city, country)    Position title

From (month/year)	To (month/year)	Nr of employees in your department

2. Name of the employer (city, country)    Position title

From (month/year)	To (month/year)	Nr of employees in your department

3. Name of the employer (city, country)    Position title

From (month/year)	To (month/year)	Nr of employees in your department

Provide further details about the daily work involved in your **present occupation**; please also indicate what career perspectives you see for yourself in the medium-term.

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HOUSE OF TRAINING



THE GOVERNMENT  
OF THE GRAND DUCHY OF LUXEMBOURG




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**What are your motivations and expectations when applying for this seminar in Luxembourg ?**

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**How did you hear about ATTF ?**

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**Please, indicate the address and person to whom House of Training should send the invoice for the contribution fees if you are selected (please, refer to the invitation for more details, latest deadline for payment is 28 March 2016.**

Institution : \_\_\_\_\_

Contact person : \_\_\_\_\_

Street : \_\_\_\_\_ Nr : \_\_\_\_\_

City : \_\_\_\_\_ Zip code : \_\_\_\_\_

Country: \_\_\_\_\_

VAT: \_\_\_\_\_

*Further to the Luxembourg Law of 2<sup>nd</sup> August 2002 (enacting a European Directive) on the Protection of Persons with regard to the Processing of Personal Data, House of Training undertakes to process the data related to applicants and participants in its seminars in a fair and lawful manner. Data processed by the House of Training concerning applicants to its seminars include mainly their curriculum vitae.*

*Data processed by House of Training concerning participants to its seminars include:*

- Their application form,
- The evaluation form,
- Photographs taken during seminars that might be published on the [www.attf.lu](http://www.attf.lu) web site for promotional purposes.

*House of Training has put in place generally accepted standards of technological and organisational means for the purpose of guaranteeing the security of all personal data it processes. Only authorised personnel have access to personally identifiable information processed by House of Training. Such employees are required to maintain the confidentiality of this sensitive data. The policy also applies to any and all agents, affiliates, and related entities of House of Training that may receive such information from House of Training.*

*By filling in this form, applicants explicitly consent to the processing of their personal data as described above.*

*Applicants and participants benefit from the right to access data concerning them, to rectify them, and to object to the processing of the data. To exercise these rights, they should contact the Head of Administration of House of Training.*

Date

Signature

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