

2. _____

Organization	Dates
Department/Area	Function

Please describe your responsibilities in this job, and how you feel they relate to the certification you seek.

3. _____

Organization	Dates
Department/Area	Function

Please describe your responsibilities in this job, and how you feel they relate to the certification you seek.

Please list the number of years experience you've had in each of the following areas:

Area/Function	Management	Supervisory	Clerical
Clearance and Settlement	_____	_____	_____
Dividends	_____	_____	_____
Corporate Actions	_____	_____	_____
Fixed Income Processing	_____	_____	_____
Derivatives Processing	_____	_____	_____
Mutual Funds Processing	_____	_____	_____
Other_____	_____	_____	_____
Other_____	_____	_____	_____
Other_____	_____	_____	_____
Other_____	_____	_____	_____

Part Four: Certification

Applicant: I certify that the above information, and the attached résumé, is correct and true.

Applicant's Name _____

Title _____

Signature _____

Applicant's Manager: I certify that the applicant has worked for me for ____ years and that the above information is correct, to the best of my knowledge.

Manager's Name _____

Title _____

Signature _____

Please fax this form to: 212.328.2525. Then, mail the signed form and a current résumé to:

Securities Operations Institute

48 Wall Street, 4th Floor

New York, NY 10005

Tel. 212-328-2500 ext. 235