



BVI Financial Services Commission

Invitation of Expressions of Interest No. 1 of 2022
Service Provider services – Compensation Framework

Date:

(dd/mm/yyyy)

Full name of Service Provider

Physical and Mailing Address

Telephone Number:

Facsimile Number:

Email Address:

Contact Person, position in the company and contact details:

Years of experience in the current business:

Completed on behalf of Service
Provider by:

Received on behalf of the
Commission by: