

INSTITUTE OF BANKERS IN MALAWI



Please attach
a passport
photo here

Promoting Professionalism in Banking

STUDENT REGISTRATION FORM
CERTIFICATE PROGRAM

IMPORTANT NOTES:

- (A) This form should be completed in block letters in black ink
- (B) Each form should be accompanied by a passport size photo to be used for production of student IDs and capturing in the student database
- (C) The form can also be downloaded from the Institutes website www.iobmalawi.com
- (D) Completed forms can be sent via e-mail with scanned passport size photos to info@bankers.mw
- (E) Completed forms should be addressed to:

The Executive Director
The Institute of Bankers in Malawi
P.O. Box 1359
Blantyre

Tel: 01821616

Fax: 01821708

Male/Female

1. STUDENT DETAILS

Title:

Prof/Dr/Mr./Mrs/Miss

Surname:

Maiden name (for married women)

First Names:

Initials:

INSTITUTE OF BANKERS IN MALAWI

Date of Birth:

Nationality:

Full Postal Address:

E-mail:

Telephone:

Fax:

ID Type and number (passport or driving license if applicable)

Home address (Village)

Village:	T.A	District
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2. EMPLOYMENT DETAILS

Name of employer:

Address of employer

Position held

3. NEXT OF KIN

Name

Phone (Home)	(Mobile)
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Postal Address

INSTITUTE OF BANKERS IN MALAWI

[Please advise the Institute in the event of any changes to your postal address and other contact details you have supplied on this form]

4. ACADEMIC QUALIFICATIONS

Please provide your academic qualifications.

Provide details of the last institution where you pursued studies

Name of the institution: _____

Year completed: _____

Qualification attained: _____

5. SUBJECTS OF STUDY

[Please tick courses to be studied]

The following courses are offered at Certificate level:

Course Code:	List of Courses	[Please tick]
IOBM-C101	Introduction to Business Accounting	<input type="checkbox"/>
IOBM-C102	Customer Service	<input type="checkbox"/>
IOBM-C103	Fundamentals of Business Statistics	<input type="checkbox"/>
IOBM-C104	Introduction to Banking	<input type="checkbox"/>

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Course Code	List of Courses	[Please tick]
IOBM–C105	Introduction to Business Communication	
IOBM–C106	Introduction to Economics	<input type="checkbox"/>
IOBM–C107	Management	<input type="checkbox"/>
IOBM–C108	Basic Principles of Business Law	<input type="checkbox"/>

Have you ever studied Institute of Bankers Courses before? Yes /No

If yes, which institution did you study with and what courses did you complete/pass.

Name of Institution: _____

Subjects completed and passed:

6. PAYMENT OF FEES

Who will be responsible for paying your fees?

Employer

Guardian

Self sponsored

If your employer, please give details

a. Name of employer: _____

b. Address and contact details: _____

c. Confirmation of commitment by the employer required.

Signature of authorized signatory: _____

Official stamp:

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If your guardian, please give details

- a. Name of guardian: _____
- b. Address and contact details: _____
- c. Confirmation of commitment by the guardian required.

Signature of guardian: _____

PLEASE NOTE THAT EXAMINATIONS ARE HELD TWICE EACH YEAR, DURING THE 1ST WEEK OF MAY AND THE 1ST WEEK OF NOVEMBER. CLOSING DATES FOR PAYMENT OF EXAMINATIONS FEES ARE AS FOLLOWS:

31st March for May Examinations

30th September for November Examinations

Late payments will attract penalty fee of K1,500 per subject.

7. EXAMINATION CENTRE

Indicate the centre where you will be sitting for examinations. This will be maintained as your centre for all examinations you will sit in future unless the Institute is advised otherwise.

[Please tick appropriately]

Blantyre

Lilongwe

Mzuzu

8. DECLARATION STATEMENT

I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the IOB Malawi and to

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any amendments thereto and have taken note of advice which may be applicable to students in general and/or to the field of study for which I am registered. I undertake to protect the copyright of the institute and under no circumstances to make the study materials available for use by any other person.

Date **Student signature**

9. OFFICIAL USE

PAYMENT DETAILS

Membership fees	<input type="text"/>	K <input type="text"/>
Registration fees	<input type="text"/>	K <input type="text"/>
Exemption fees	<input type="text"/>	K <input type="text"/>
Course Module fees	<input type="text"/>	K <input type="text"/>
Examination fees	<input type="text"/>	K <input type="text"/>
Total	K <input type="text"/>	Receipt No: <input type="text"/>

STUDENT ADMITTED /NOT ADMITTED **MEMBERSHIP No** _____

PROCESSED BY (NAME) _____ **SIGNATURE** _____

**Affix date
stamp**