

**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](http://www.iobmalawi.com)
- (D) Completed forms can be sent via e-mail with scanned passport size photos to [info@bankers.mw](mailto: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 |
|----------|-----|----------|

**2. EMPLOYMENT DETAILS**

Name of employer:

Address of employer

Position held

**3. NEXT OF KIN**

Name

|              |          |
|--------------|----------|
| Phone (Home) | (Mobile) |
|--------------|----------|

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.

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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:

**Part A**

| <b>Course Code:</b> | <b>List of Courses</b>              | <b>[Please tick]</b>     |
|---------------------|-------------------------------------|--------------------------|
| 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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**Part B**

| <b>Course Code</b> | <b>List of Courses</b>                 | <b>[Please tick]</b>     |
|--------------------|--|--------------------------|
| IOBM–C105          | Introduction to Business Communication | <input type="checkbox"/> |
| 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: \_\_\_\_\_

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Official stamp:

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 1<sup>ST</sup> WEEK OF MAY AND THE 1<sup>ST</sup> WEEK OF NOVEMBER. CLOSING DATES FOR PAYMENT OF EXAMINATIONS FEES ARE AS FOLLOWS:**

31<sup>st</sup> March for May Examinations

30<sup>th</sup> 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**

**INSTITUTE OF BANKERS IN MALAWI**

**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 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.

\_\_\_\_\_

|             |                          |
|-------------|--------------------------|
| <b>Date</b> | <b>Student signature</b> |
|-------------|--------------------------|

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**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"/>           |
| <br>               |                        |                                  |
| Total              | K <input type="text"/> | Receipt No: <input type="text"/> |

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>STUDENT ADMITTED /NOT ADMITTED</b> | <b>MEMBERSHIP No</b> _____ |
|---------------------------------------|----------------------------|

**PROCESSED BY (NAME)** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**Affix date  
stamp**