

INSTITUTE OF BANKERS IN MALAWI



Please attach
a passport
photo here

Promoting Professionalism in Banking

STUDENT REGISTRATION FORM
DIPLOMA 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:

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Date of Birth:

Nationality:

Full Postal Address:

E-mail:

Telephone:

Fax:

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

Home address (Village)

2. EMPLOYMENT DETAILS

Name of employer:

Address of employer

Position held

3. NEXT OF KIN

Name

Phone (Home)

(Mobile)

Postal Address

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

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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

AREA OF SPECIALIZATION

[Please Tick one]

- Credit Management
- Treasury and International Banking
- Estates and Trusts Management
- Marketing
- Financial Planning

Subjects of study [Please tick courses to be studied]

GENERIC CORE

Course Code: List of Courses [Please tick]

Requirement for Credit Management

- IOBM–D206 Financial Concepts A

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Marketing

- IOBM–D205 Principles of Marketing
- IOBM–D202 International Trade Finance
- IOBM–D201 Treasury Management 1

Financial Planning

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- IOBM–D210 Financial Planning Practice
- IOBM–D201 Treasury Management 1
- IOBM–D208 Principles of Investment

ELECTIVES

Choose any two for all areas of specialization

- IOBM–D203 Financial Markets 1
- IOBM–D212 Introduction to Business Statistics
- IOBM–D214 Consumer Behavior
- IOBM–D215 Customer Relationship Management

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:

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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:

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

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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 for 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 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"/>

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Total

K _____

Receipt No: _____

STUDENT ADMITTED /NOT ADMITTED **MEMBERSHIP** _____

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

**Affix date
stamp**