

INSTITUTE OF BANKERS IN MALAWI



Please attach  
a passport  
photo here

*Promoting Professionalism in Banking*

***IOB CERTIFICATE***

**STUDENT MEMBERSHIP FORM**

**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 [nancy@bankersmw.com](mailto:nancy@bankersmw.com)
- E) Completed forms should be addressed to:

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

Male/Female

**1. STUDENT DETAILS**

Title:

Prof/Dr/Mr/Mrs/Miss

Surname:

[Empty text box for Surname]

Maiden name (for married women)

[Empty text box for Maiden name]

First Names:

[Empty text box for First Names]

Initials:

[Empty text box for 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

**2. EMPLOYMENT DETAILS**

Name of employer:

Address of employer

Position held

**3. NEXT OF KIN**

Name

Phone (Home)

(Mobile)

**INSTITUTE OF BANKERS IN MALAWI**

Postal Address
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**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 achieved: \_\_\_\_\_

**5. PROGRAM OF STUDY**

**Certificate in Banking**

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-C104	Introduction to Banking	<input type="checkbox"/>
IOBM-C101	Introduction to Business Accounting	<input type="checkbox"/>
IOBM-C105	Introduction to Business Communication	<input type="checkbox"/>
IOBM-C108	Basic Principles of Law	<input type="checkbox"/>

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**Part B**

<b>Course Code</b>	<b>List of Courses</b>	<b>[ Please tick]</b>
IOBM–C106	Introduction to Economics	<input type="checkbox"/>
IOBM–C102	Customer Service	<input type="checkbox"/>
IOBM–C103	Fundamentals of Business Statistics	<input type="checkbox"/>
IOBM–C107	Management	<input type="checkbox"/>

**6. MODE OF STUDY**

How do you wish to study?

Distant learning

Attend part time classes

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSTITUTE OF BANKERS IN MALAWI**

**7. 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: \_\_\_\_\_

**8. EXEMPTION**

Do you want to apply for exemption for certain modules? If yes, please submit a separate application.

**9. 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.

<b>Date</b>	<b>Student signature</b>
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**10. 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"/>
Total	K <input type="text"/>	Receipt No:-----

<b>STUDENT ADMITTED /NOT ADMITTED</b>	<b>MEMBERSHIP No.....</b>
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**PROCESSED BY (NAME).....SIGNATURE.....**

