STUDENT EXEMPTION APPLICATION FORM

STUDENT REGISTRATION NUMBER: _____

THIS FORM MUST BE FILLED BY ALL STUDENTS APPLYING FOR EXEMPTION FOR INSTITUTE OF BANKERS IN MALAWI STUDY PROGRAMMES

Fax this form (together with the documents mentioned under section B) to 01 821 708 or post to: The Executive Director, Institute of Bankers in Malawi, 14 Laws Road, P.O. Box 1359, Blantyre.

Students should be able to get feedback on this application after seven working days.

SECTION A

DETAILS OF APPLICANTS

Surname						
First names						
Maiden name and or previous surname						
Date of birth	Year		Month		Day	
Drivers License number or Passport number (tick)	DLN	PP				
Gender (tick)	Male			Female		
Telephone Number						
Home		Cell				
Work		Fax				
E-mail address						
Postal address						

SECTION B
(must be completed)

DETAILS OF CURRENT QUALIFICATIONS HELD BY APPLICANT

1. Degree:	
2. Institution obtained and year:	
3. Courses of study	
Year 1:	
Year 2:	
Year 3:	
Year 4:	

PLEASE ATTACH COPIES OF QUALIFICATIONS IN YOUR POSSESSION

DETAILS OF DESIRED EXEMPTIONS

PLEASE INDICATE BELOW SUBJECTS OR LEVEL OF STUDY YOU WISH TO BE EXEMPTED FROM:

I hereby declare that I am aware that the Institute of Bankers in Malawi can amend or cancel my registration if necessary, should I not qualify for exemption from the module (s) or stage of study as requested.

Signature:…… **Date: …….**

NB: Please note that the Council of the Institute of Bankers in Malawi has the right to grant or deny any exemptions.