

Membership update form

Please complete the information below and fax to us on (011) 484 8716.

Personal Details

IOB Membership no.

Title: Mr Mrs Miss Other, please specify _____

Please print clearly

Surname: _____

Previous Surname (If applicable): _____

First Names: _____

Date of Birth ID / Passport No.

Contact Details

Postal Address: _____
Code: _____

Landline work telephone no. (including code) _____ Fax No. _____

Cellphone number: _____ email address: _____

Employer: _____ Branch: _____

Current employment level: Clerical Supervisory Management Senior Management

Population Details (Information required for statistical information)

Asian Black Coloured White Other Please specify: _____

Male Female Do you have a physical disability? Yes No
If yes, please specify: _____

Terms and conditions:

I agree to abide by the constitution and the by-laws of The Institute of Bankers in South Africa. I undertake that should I wish to withdraw from membership, I shall formally notify the Institute in writing before the end of December each year. I hereby confirm that the information supplied by me on this form is correct. I accept all the terms and conditions above as been read, understood and accepted.

Signature: _____ Date: _____