

APPLICATION FORM - FORM A - 2018

Please complete the information below and email to info@iob.co.za.

Personal Details of Applicant

Please indicate your response by marking the appropriate block with an X.

1. Are you a new or existing member of the Institute of Bankers:

New Member:

 Existing Member:

IOB Membership Number (if applicable):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

2. Title:

| | | | | | | |
|----|--|-----|--|------|--|--|
| Mr | | Mrs | | Miss | | Other (Specify) |
|----|--|-----|--|------|--|--|

Please print clearly.

3. Surname _____

4. Previous Surname: (if applicable) _____

5. First Names: _____

6. Home Language: _____

7. Population details (This information is required for statistical information)

| | | | | | | | |
|-------|--|---------|--|---------|--|-------|--|
| Asian | | African | | Colored | | White | |
|-------|--|---------|--|---------|--|-------|--|

Do you have a physical disability? Yes No

If yes, please specify

| | | | | | |
|----------------|--|--------------------|--|-------------------|--|
| Date of Birth: | | ID or Passport No: | | Country of issue: | |
|----------------|--|--------------------|--|-------------------|--|

Contact Details of Applicant

8. Contact Details:

(B) _____ (Cell) _____

(H) _____

(E-mail address) _____

9. Postal Address: _____ **Postal Code:** _____

City/Town: _____ **Province:** _____

Employment Details of Applicant

10. Current area of responsibility within business _____

Are you currently in a FAIS position? Yes No

Name and contact details of Critical Skills _____

Consultant assisting with the process _____

Or indicate if it is a private application _____

11. Employer _____

12. Physical Business Address _____

Annual Membership Fees 2018 All prices below includes 15% VAT

| | |
|-----------------------------|---------------------------|
| Member | R507.15 |
| | MEMBERS WITH DESIGNATIONS |
| LIB (SA) | R621.26 |
| CAIB (SA) | R671.98 |
| AIB (SA) | R887.51 |
| Professional Banker PB (SA) | R1141.09 |
| FIBSA | R1521.45 |

Do you wish to apply for a Critical Skills Visa.

Yes No

Should you hold a tertiary qualification and wish to apply for a designation please also complete the Application for a Professional Designation Form (Form B) and if it is a foreign qualification to include the SAQA rating

Yes No

Signature: _____ Date: ___/___/_____

| | |
|---|--------------------------------|
| <u>BANKING DETAILS FOR PAYMENT</u> | |
| Account name: | The Institute of Bankers in SA |
| FNB current account: | 5060 6050 909 |
| Branch code: | 251 705 |

For Office Use Only

Date Processed: _____ Granted:

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

Membership Number: _____

Date: _____ Signature: _____