

Application for a Professional Designation - FORM B 2018

Are you a new or existing member of the Institute of Bankers in SA?

New Member:

Existing Member:

IOB Membership Number (if applicable):

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Full name & surname _____

If you are applying as a new member, please also complete the Application for Membership Form (Form A)

Designation applied for:

(Please tick applicable designation apply for)

(All fees include VAT)

LIB (SA) NQF level 5	Fee payable R575.00
CAIB(SA) NQF level 6	Fee payable R575.00
AIB (SA) NQF level 7	Fee payable R575.00
Professional Banker (SA) NQF level 8 and Above	Fee payable R805.00
FIBSA- Board discretion	N/A

Qualifications attached: (Certified copies)

Yes

No

Name of Qualification(s):

Awarded by:

Date achieved:

Experience in Financial Services / Banking

Years

LIBSA and CAIB (SA) designations require a minimum of 1 years' experience in last year in Banking/Financial Services.

AIBSA and PBSA designations require a minimum of 2 years' experience in the last 2 years in the Banking/Financial Sector, (local or international)

Documents required with this application:

- Certified coloured copy of ID/Passport
- Certified Copy of your highest Qualifications, including SAQA verification letter for foreign qualifications
- Academic Transcript of subjects for the qualifications
- Copy of CV which includes Employment history

Payment details

Cost per application for professional designation – See above schedule. This is a once off payment. In order to use the designation you must be a current member paid up of the Institute, renewing by paying your annual membership fee.

Your designation will be recorded on the SAQA database for as long as your membership is current.

BANKING DETAILS FOR PAYMENT

Account name:	The Institute of Bankers in SA
FNB current account:	5060 6050 909
Branch code:	251 705

I enclose proof of payment: Yes

No

Please provide proof of payment to: info@iob.co.za if it is not attached to this application

Signature: _____ Date: ____/____/____

For Office Use Only

Date Processed: _____ Granted: Yes No

Membership Number: _____

Date: _____ Signature: _____