

Membership Update (FORM C) 2019
Please complete the information below and fax to 0865220991 or email to info@iob.co.za

Personal Details

IOBSA Membership Number:												Member Type:	
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Please indicate your response by marking the appropriate block with an **X**

Mr.	Mrs.	Miss.	Other	(Specify)

Surname: _____

Previous Surname: (if applicable): _____

First Names: _____

Home Language: _____

Date of Birth:							ID or Passport No:								

Population details (This information is required for statistical information)

Asian		African		Colored		White	
Male		Female					

Do you have a physical disability? Yes No

If yes, please specify

Contact Details

(B) _____ (Mobile) _____

(H) _____

(E-mail address) _____

Residential Address: _____

Postal Address: _____

Postal Code: _____

City/Town: _____ Province: _____

Membership Update (FORM C)

Please complete the information below and fax to 0865220991 or email to info@iob.co.za

Employment Details

Employer: _____

Industry: _____

Current Role: _____

Are you currently in a FAIS position?

Yes

No

Please read carefully and if you accept the terms and conditions then please sign below:

- I agree to abide by the Constitution and the Code of Professional Conduct of The Institute of Bankers in South Africa (IOBSA).
- I undertake that should I wish to withdraw from membership, I shall formally notify The Institute in writing before the end of December of that year.
- I hereby confirm that the information supplied by me on this membership update form is correct. I accept all terms and conditions above have been read, understood and accepted.

• Annual Membership Fees 2019 (Includes 15 %VAT)

Member	R1112.58
	MEMBERS WITH DESIGNATIONS
LIB (SA)	R1233.54
CAIB (SA)	R1287.30
AIB (SA)	R1515.77
Professional Banker PB (SA)	R1784.56
FIBSA	R2187.74

Date: _____

Signature: _____

For Office Use Only

Date Processed:	Update:	Yes		No	
Membership Number:					
Date:	Signatures:				