

Chartered Banker Programme Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

Part 1 Membership as appropriate

To study with the Institute you must be a member. Please complete the enclosed Direct Debit form for future payments.

- First year's student membership fee is enclosed.**
- My student annual subscription is up-to-date.**

Part 2 Personal Details

Membership no. (if appropriate): _____

Title: _____

Surname: _____

Forename(s): _____
(Please enter in full)

Date of Birth: _____

Home Address: _____

_____ Postcode: _____

Home Tel. No: _____

Mobile Tel. No: _____

Home Email: _____

All workbooks are sent via courier and require to be signed for. It is the responsibility of the person applying for any course to ensure that someone is available at the address specified for delivery to do this. It is recommended that workbooks be delivered to a work address.

Part 2 Employment Details

Employer: _____

Department: _____

Address: _____

_____ Postcode: _____

Job Title: _____

Staff No: _____

Tel. No: _____

Fax No: _____

Email: _____

Preferred mailing address: home work

Preferred email address: home work

Please send my workbooks home work

Part 3 Qualifications

Please indicate level of qualification you currently hold:

Doctorate HNC/D

Masters School

Degree

Other (please specify) _____

Part 4 Subject Enrolment

Please see www.charteredbanker.com for entry routes and module costs.

Enrol me for the following entry route:

Open

Accelerated

Professional Conversion

Enrol me for the following Module(s):

Professional Banker

Compulsory Module

Professionalism, Ethics and Regulation

Core Modules

Credit and Lending

Risk Management in Banking

Contemporary Issues in Banking

Elective Modules

Applied Business and Corporate Banking

Retail Banking

Banking for High Net Worth Individuals

Application Form

Part 5(a) Card/Cheque Payment

Please check module costs and subscription rate at www.charteredbanker.com.

I attach a cheque for £ _____ made payable to CIOBS, or

Please debit my Visa/Mastercard/Switch* card
£ _____ * delete as appropriate

Card No: _____

Expiry Date: _____ Issue No: _____ Valid From: _____

Card Security Code (CSC): _____

The CSC is the last three-digit number printed on the signature strip.

Cardholder's House No.: _____

Cardholder's Postcode: _____

Signature: _____

For office use only

Balance: _____

Re-registration: _____

Processed: _____

Marketing Code: _____

Part 5(b) Payment by Employer

Candidates should ensure that they have received authorisation for funding from their employer before making an application. Candidates should note that they are personally responsible for paying all fees regardless of their employer's authority. Candidates should also note that CIOBS retains the right to withhold course enrolment and distribution of course materials until an invoice is paid.

My employer has agreed to fund my course fees and an invoice should be sent to:

Name: _____

Position: _____

Work Address: _____

Postcode: _____

Purchase Order No: _____

Cost Code No: _____

Employer's Signature of Approval:

Name: _____

Position: _____

Signature: _____

Part 6 Declaration

The information I have provided is true to the best of my knowledge and belief. I agree to be bound by the published rules of the Chartered Banker Institute. I also accept that all fees are non-refundable.

* I understand that you will use the information I have provided to process my student/membership application and to provide ongoing services.

* I agree that information relating to my studies and examination/assignment results may be shared with my employer.

* delete if inapplicable

Full details of the Institute's privacy policy are available on our website at www.charteredbanker.com under About Us>Customer Commitment.

Signature: _____

Date: _____

Please return this form by post to:

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Drumsheugh House
38b Drumsheugh Gardens
Edinburgh
EH3 7SW

Tel No: 0131 473 7777

Fax: 0131 473 7788

Email: info@charteredbanker.com

Web: www.charteredbanker.com