

APPLICATION FOR MEMBERSHIP

The annual membership subscription is payable on 1st January every year.
Please use block letters.
Form completed on this date: _____

MEMBERSHIP DETAILS

Membership Number: _____

Membership Category: Affiliate Ordinary

IDENTITY DETAILS

Title: _____ First Name: _____ Surname: _____

Nationality: _____ Date of Birth: _____

Omang/Passport Number: _____

ADDRESS AND CONTACT DETAILS

Postal Address: _____

Residential Address: _____

Village/Town/City: _____

Telephone: _____ Mobile: _____ WhatsApp No: _____

Email: _____

EMPLOYMENT DETAILS

Name of Employer: _____

Postal Address: _____

Place of Work: _____ Work Tel No: _____

BANKING DETAILS

Bank Name: _____ Branch: _____

Account Number: _____



REQUIRED DOCUMENTS

- Identification document** e.g. certified copy of ID / Passport for foreign nationals
- Proof of qualification** e.g certified copy of BGCSE certificate
- Proof of payment**

DECLARATION

I hereby apply for membership of the Botswana Institute of Banking & Finance (BIBF) and agree to abide by its Constitution and By Laws in force from time to time. I further authorise my employer or BIBF to debit me with annual subscriptions. I undertake to notify the Institute in writing if I wish to cancel my membership.

Full Names: _____

Date: _____ Place: _____

Signature: _____

FOR OFFICE USE ONLY

Documents checked and verified by: _____

Date: _____ Signature: _____