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APPLICATION FOR MEMBERSHIP

For Office Use Only

ORDINARY MEMBER

Membership Number

BLOCK LETTERS

Surname (Mr/Mrs/Miss)

First Names

ID NO.

Date of Birth

Employer

Branch

Employer's Address

Town

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Town

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Contact Telephone Numbers

Work

Fax

Home

Cell

Bank Account Number

Bank

Branch

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

I attach my cheque for my membership subscription.

Date:

Signature:.....

2019 Membership subscription: 452.00.

THE ANNUAL MEMBERSHIP SUBSCRIPTION IS PAYABLE ON 1ST JANUARY EVERY YEAR.



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