



CHARTERED INSTITUTE OF BANKERS (GHANA)

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Location: Okponglo, East Legon, on the Trinity College Road Website: www.cibgh.org

REQUEST FORM - NEW PROGRAM

PLEASE TICK AGAINST YOUR REQUEST BELOW

1.	TRANSCRIPT	
2.	CONFIRMATION OF RESULTS	
3.	CONFIRMATION OF COMPLETION OF EXAMINATION	
4.	INTRODUCTORY LETTER	
5.	PLACEMENT FOR INTERNSHIP	

IMPORTANT NOTICE: to qualify for internship, students should have at least completed the INTERMEDIATE OR LEVEL II, of the Associateship examination.

1. Student membership no.:.....
2. Surname:.....
3. First name:
4. Middle name:.....
5. Title: Mr./Mrs./Ms:.....
6. Postal address.....
.....
.....
7. E-mail address.....
8. Telephone no.(s).....
9. Current level of examination:.....
10. Please indicate subjects passed and/or exempted with dates below:

	Level I	Indicate <u>pass</u> or <u>exempted</u> against the subjects below	Date
1.			
2.			
3.			
4.			
5.			

	Level II	Indicate <u>pass</u> or <u>exempted</u> against the subjects below	Date
1.			
2.			
3.			
4.			
5.			
	Level III	Indicate <u>pass</u> or <u>exempted</u> against the subjects below	Date
1.			
2.			
3.			
4.			
5.			
6.			
	Level IV	Indicate <u>pass</u> or <u>exempted</u> against the subjects below	Date
1.			
2.			
3.			

IMPORATANT: Please attach downloaded results slips and letter of confirmation of exemption(s) or transcripts indicated above

11. Please indicate how you want your request delivered:.....

12. Please specify below, the address(es) to which you want your request delivered:

a.

.....

b.

.....

13. Any other comment(s):.....

.....

14. Signature of applicant: 15. Date:.....

FOR OFFICE USE ONLY

1. Amount paid:..... 2. Receipt No. & Date.....

3. Name of Receiving Officer.....4. Signature & date.....