



**Chartered
Institute
of Bankers,
Ghana**

**CHARTERED INSTITUTE OF BANKERS
GHANA**

**APPLICATION FOR ELECTION AS ASSOCIATE
MEMBER AND INDUCTION INTO CHARTERED
BANKER FORM**

**RECENT
PASSPORT-SIZED
PHOTOGRAPH
HERE**

The applicant must complete sections 1 to 4 before handing over the form to the Employer.

1. APPLICANTS DETAILS	
1.1 TITLE: (Mr. /Mrs. /Miss/Dr./Prof./Rev.)	1.2 FIRST NAME MIDDLE NAME SURNAME
1.3 Membership Number	
1.4 Year of Registration 1.5 Date of Completion	
1.6 Gender (Tick as appropriate) Male <input type="checkbox"/> Female <input type="checkbox"/>	
1.7 Nationality	1.8 Date of Birth
1.9 Address	
(a) Postal Address (b) Residential Address
1.20 Telephone /Mobile	E-Mail
(i)	
(j)	

2 EMPLOYER DETAILS:

2.1 Name of Employer
2.2 Postal Address
2.3 Location of Employment
2.4 Telephone / Mobile Fax.....

3 SUMMARY OF APPLICANT'S RELEVANT PRACTICAL WORK EXPERIENCE

NAME AND ADDRESS OF EMPLOYER	ROLES AND RESPONSIBILITIES	DURATION				
		From		TO		No. of Months
		Month	Year	Month	Year	

DECLARATION BY APPLICANT

I, the undersigned, do hereby sincerely declare that I have completed the final Examinations of the Associate Chartered Banker Programme and therefore apply for consideration for election into Associate membership of the Institute. I agree on admission, to be bound by all Rules, Regulations, and Codes of Professional Conduct and Ethics as may from time to time be in force.

I warrant that the information about my details and occupation provided by me are accurate, true, correct, and complete to the best of my knowledge and belief. If anything is found wrong, the Institute has the right to take necessary action against me. I promise to give written information to the Institute regarding any change in address of my residence, place of work, or change in my office/occupation in the future.

Yours faithfully,

Signature.....

Date

4 DETAILS OF REFEREE:

N: B

- 1. APPLICANTS WORKING IN AN ORGANISATION SHOULD PROVIDE ONLY ONE REFEREE
- 2. APPLICANTS WHO ARE CURRENTLY OUT OF JOB OR SELF EMPLOY SHOULD PROVIDE TWO REFEREES
(Please refer to further notes below)

A.

Details of Referee
Name
Professional Qualification(s)
Professional Membership Number
Employer
Designation
Tel. Number
Email Address
The Referee’s Signature

B.

Details of Referee
Name
Professional Qualification(s)
Professional Membership Number
Employer
Designation
Tel. Number
Email Address
The Referee's Signature

N: B: The Referee should be either:

- i. a Chartered Banker
- ii. or a qualified member of a Recognized Professional Body in your Bank or Financial Institution.

5 RECOMMENDATION AND ENDORSEMENT BY EMPLOYER

(The recommendation must be done by your Immediate Supervisor, Head of Department or Head of Division who must be a Chartered Banker or a Qualified Member of a Recognized Professional Body.

In the absence of the above-listed persons, it must be done by the Head of Human Resource.

The recommendation should cover confirmation of the job description provided by the applicant under “section 3”, the current job roles, responsibilities, working experience, professionalism, and ethical conduct of the applicant).

The completed application form must be endorsed by the Human Resource.

The recommendation must be confidential.

RECOMMENDATION

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RECOMMENDATION BY:

Name:	<u>Official Stamp</u>
Professional Qualification(s).....	
Professional Membership Number.....	
Position.....	
Signature.....	

ENDORSEMENT:

Name:	<u>Official Stamp</u>
Position.....	
Signature.....	

N: B: The completed form must be delivered directly to the Institute by the Employer of the Applicant.