

Tel: (267) 3952493
Fax: (267) 3904307
(267) 3971469
email: biob@info.bw
or
biobeducation@info.bw

BOTSWANA INSTITUTE OF BANKERS
website: <http://www.biob.co.bw>



APPLICATION FOR MEMBERSHIP

For Office Use Only

AFFILIATE MEMBER

Membership Number

BLOCK LETTERS

Surname (Mr/Mrs/Miss)

First Names

ID NO.

Date of Birth

Employer

Branch

Employer's Address Town

Home Address Town

E-Mail Address

Contact Telephone Numbers
Work Fax

Home Cell

Bank Account Number Bank

Branch

I hereby apply for membership of the BOTSWANA INSTITUTE OF BANKERS 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 Bankers (BIOB) 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:.....

2018 Membership subscription: P502.00.

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