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BOTSWANA INSTITUTE OF BANKERS
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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

Home Address Town

E-Mail Address

Contact Telephone Numbers
Work Fax

Home Cell

Bank Account Number Bank

Branch

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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: P452.00.

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