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**BOTSWANA INSTITUTE OF BANKERS**



**EXAMINATION ENTRY FORM**

**CLOSING DATE FOR EXAMINATION ENTRIES: REFER TO IMPORTANT DATES**

PLEASE COMPLETE SECTION BELOW: USE BLOCK CAPITALS

Surname  MR  MRS  MISS

First Names

Membership Number

Employer  Branch

Work Address  Home Address

Postal  Postal

E-mail Address

Phone Number (w)

Phone Number (h)  Fax No (w)

Cell No:

**EXAMINATION VENUE**

**PUT X IN THE BOX OPPOSITE THE SUBJECT(S) YOU WISH TO ENTER BELOW:**

<b>CERTIFICATE IN BANKING</b>	<b>CODE</b>	
Accounting 1	(30)	
Principles of Law	(31)	
Elements of Banking	(32)	
Principles of Management	(33)	
Introduction to Economics	(34)	
Business Communications	(35)	
<b>ASSOCIATE DIPLOMA STAGE 1</b>		
Accounting 2	(36)	
Law Relating to Banking	(37)	
Management Practices	(38)	
Introduction to Investment	(39)	
Plus ONE from the following:		
Taxation	(40)	
Statistics	(41)	
<b>ASSOCIATE DIPLOMA STAGE 2</b>		
Lending	(42)	
International Trade Finance	(43)	
Monetary and Financial Systems	(44)	
Strategic Marketing Management	(45)	
Investment Management (OPTIONAL)	(46)	

**SUMMARY OF REMITTANCE**

<b>ORDINARY MEMBERS</b>		
<b>NO OF SUBJECT</b>	<b>AMOUNT</b>	<b>TOTAL</b>
<b>SUBSCRIPTIONS</b>		
<b>TOTAL</b>		

  

<b>AFFILIATE MEMBERS</b>		
<b>NO OF SUBJECT</b>	<b>AMOUNT</b>	<b>TOTAL</b>
<b>SUBSCRIPTIONS</b>		
<b>TOTAL</b>		

**IF MEMBERS HAVE NOT PURCHASED THE RELEVANT STUDY MATERIAL FROM BIOB FOR THE SUBJECT(S) CONCERNED, BY THE CLOSING DATE THEIR EXAMINATION ENTRIES WILL NOT BE ACCEPTED.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_