



# INSTITUTE OF BANKING AND FINANCE OF TRINIDAD AND TOBAGO

## CERTIFICATE AND DIPLOMA IN BANKING (DIB) EXAMINATION REGISTRATION FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr.  Mrs.  Miss

Candidate Membership Number: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Examination Centre: North

Examination Session: April  September  Year: \_\_\_\_\_

### Certificate in Banking

- CA 1 Customer Service and Business Communication
- CA 2 Introduction to Banking
- CA 3 Economics
- CB 1 Accounting
- CB 2 Banking Law
- CB 3 Introduction to Lending and International Business

*Candidates must pass at least two of the CA modules before attempting any CB modules. Candidates must complete the Certificate Level before they will be allowed to complete the Diploma Level.*

### Diploma in Banking

- ASA 1 Financial Analysis
- ASA 2 Monetary and Financial Systems
- ASA 3 Principles of Management

### Optional Modules

- ASB 1 Banking Practice - Operations (Pre-Requisite: ASA 3) **OR**
- ASB 2 Banking Practice - Lending (Pre-Requisite ASA 1) **OR**
- ASB 3 Finance of International Trade (Pre-Requisite ASA 2)
- D1 Human Resource Management
- D2 Marketing Management
- D3 Financial Management
- D4 Information Technology

Special Request: Disability or/and Medical Condition

### Important Note:

*Examination fees and annual membership subscriptions must be paid in full by the registration deadline. Examination fees are non-refundable and cannot be transferred to a later examination if the candidate does not sit the examination for which he or she was originally registered. Exceptions will only be made in cases of serious illness (supported by valid documentation from a registered medical facility or physician) or other extenuating circumstances, at the sole discretion of the Institute. In such cases, the payment of a deferral fee will be required in order to sit a subsequent examination. All examination material remains the property of the Institute.*

I authorize /do not authorize  (check as applicable) the Institute of Banking and Finance of Trinidad and Tobago to disclose my examination results to my employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Official Use Only

Fees Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Registered by: \_\_\_\_\_

Quotation/Invoice Number: \_\_\_\_\_

Recommended by: \_\_\_\_\_