



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: _____