



# INSTITUTE OF BANKING AND FINANCE OF TRINIDAD AND TOBAGO

## APPLICATION FOR MEMBERSHIP FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other: \_\_\_\_\_

Identification: \_\_\_\_\_  ID  DP  PP

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY) Sex: M  F

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

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

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

Office Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I hereby apply for membership of the Institute of Banking and Finance of Trinidad and Tobago. Payment of my registration fee and annual membership subscription fee will follow. I understand that I am required to provide a standing order for payment of future annual subscription fees on or before March 31<sup>st</sup> each year and I have done so. I agree to abide by the By-Laws and Rules of the Institute and by its Code of Professional Practice.

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

### For Official Use Only

Banker  Other

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

Membership Fee Paid: \_\_\_\_\_

Subscription Fee Paid: \_\_\_\_\_

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

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