



**New Membership Application  
and Membership Update Form**

**Please complete the information below and fax back to us on (011) 484-8716. Please do not hesitate to contact us on 011 481 7000.**

**Personal Details**

Please indicate your response by marking the appropriate block with an X

1) Are you a new or existing member of the Institute of Bankers

New Member:			Existing Member:	
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IOB Membership Number (if applicable):							
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2) Title:

Mr		Mrs		Miss		Other	(Specify)
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Please print clearly

3) Surname: \_\_\_\_\_

4) Previous Surname: (if applicable): \_\_\_\_\_

5) First Names: \_\_\_\_\_

6) Home Language: \_\_\_\_\_

Date of Birth:								ID or Passport No:											
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7) Race (This information is required by the Department of Education)

Asian		Black		Coloured		White	
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8) Home Language: \_\_\_\_\_

## Contact Details

9) Contact Details: (B) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (H) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 (e-mail address) \_\_\_\_\_

10) Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

11) Postal Address: \_\_\_\_\_

12) Postal Code: \_\_\_\_\_

13) City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

## Employment Details

14) Current Job Level

Clerical		Supervisory		Management		Senior Management	
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15) Employer: \_\_\_\_\_ Branch: \_\_\_\_\_

16) Division/ Business Unit: \_\_\_\_\_

17) Physical Address: \_\_\_\_\_  
 \_\_\_\_\_

18) Postal address: \_\_\_\_\_

19) Postal Code: \_\_\_\_\_

20) City /Town: \_\_\_\_\_ Province: \_\_\_\_\_

## Membership Fees

RSA                R275  
 SADC             R310  
 International    R330

## Banking Details

21) Bank: \_\_\_\_\_

Branch (First 6 Digits only)														
Account Number:														
Employee Number														
Salary number														

Please read carefully and if you accept the terms and conditions then please sign below:  
 I agree to abide by the constitution and the bye-laws of The Institute of Bankers. I undertake that should I wish to withdraw from membership, I shall formally notify The Institute in writing before the end of December each year. I hereby authorize The Institute to debit my bank account/salary with the annual membership subscription until such time as I cancel my membership.  
 I here confirm that the information supplied by me on this membership application and/or membership update form is correct. I further confirm that I accept all terms and conditions above has been read, understood and accepted.

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

## For Office Use Only

Date Processed: \_\_\_\_\_ Receipt Number \_\_\_\_\_

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

**Welcome aboard.**