



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

INTERNAL MEMORANDUM

FACULTY BOARDS REGISTRATION FORM

Registration Details

Title: Prof./Dr./Mr./Mrs/Ms/Miss:

Surname:

Forename:

Gender:

Male

Female

Date of Birth:

Membership No.:

Non-Member

Job title (Optional)

Contact Details:

E-mail Address:

Mobile Number:

Other Telephone No

Faculty intends to join:

Note: *You can only belong to one faculty.*