



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

(Incorporated in 1976 and Chartered by CIBN Act No.12 of 1990, now Act No. 5 of 2007)

BANKERS HOUSE:

PC 19, ADEOLA HOPEWELL STREET, P.O. BOX 72273, VICTORIA ISLAND, LAGOS, NIGERIA
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MICROFINANCE CERTIFICATION PROGRAMME

EXAMINATION REGISTRATION FORM APRIL 2019 EXAMINATION DIET

STAPLE RECENT PASSPORT SIZE
PHOTOGRAPH DULY SIGNED
AND STAMPED
AT THE BACK BY YOUR
MANAGER OR HEAD OF DEPT,
SHOWING DESIGNATION
(USED PICTURES ARE NOT ACCEPTABLE)

1. MEMBERSHIP NUMBER: Date of Membership registration
2.
TITLE SURNAME (BLOCK LETTERS) OTHER NAMES (BLOCK LETTERS)
3. NAME & FULL ADDRESS OF ORGANISATION / INSTITUTION (BLOCK LETTERS)
4. PHONE NO:..... ALTERNATE PHONE NO:.....
5. E-Mail.....

(Please ensure that your Tel No. and e-mail are correctly stated as they will be the means of communicating any information regarding the examination to you)

6. CORRESPONDENCE ADDRESS:.....
7. PREFERRED EXAMINATION CENTRE:.....
(See below Centres for choice)

8. METHODS OF STUDY (Enter the appropriate number in the box below)
1. MTSP 2. Private Study

9. IF MTSP, INDICATE NAME OF MTSP

10. PLEASE ENDEAVOUR TO COMPLETE THE SECTION BELOW CORRECTLY AND INCLUDE PREVIOUS PASSES WITH DATES IN THE BOXES PROVIDED

- (i) Mark X in the appropriate box for subjects you wish to sit for this diet.
- (ii) Enter "P" for subjects you have written and passed and for which exemptions have been granted enter "E" in the appropriate boxes
- (iii) Also indicate date of passes or exemptions (and attach evidence (s) where necessary)

11. SUBJECTS ENTERED FOR:

Old Syllabus Subjects - Level I		Code	Mark as appropriate	Date(s)
i.	Fundamentals of Microfinance Banks	MF 101	<input type="checkbox"/>	<input type="text"/>
ii.	Managing Microfinance Banks	MF 102	<input type="checkbox"/>	<input type="text"/>
iii.	Financial Analysis & Financial Performance	MF 103	<input type="checkbox"/>	<input type="text"/>
	Monitoring of Microfinance Banks			

Please turn overleaf

Old Syllabus Subjects - Level II		Code	Mark as appropriate	Date(s)
iv.	Product Development & Marketing	MF 201	<input type="checkbox"/>	<input type="checkbox"/>
v.	Risk Management in Microfinance Banks	MF 202	<input type="checkbox"/>	<input type="checkbox"/>
vi.	Internal Control & Management Information System	MF 203	<input type="checkbox"/>	<input type="checkbox"/>

New Syllabus Subjects- Level I		Code	Mark as appropriate	Date(s)
i.	The Evolution, Management & Regulation of Microfinancing	MF 301	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Financial Analysis & Performance Monitoring in Microfinance Institutions	MF 302	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Product Development & Marketing Management	MF 303	<input type="checkbox"/>	<input type="checkbox"/>

New Syllabus Subjects- Level II		Code	Mark as appropriate	Date(s)
iv.	Risk Management & Internal Control in Microfinance Institutions	MF 401	<input type="checkbox"/>	<input type="checkbox"/>
v.	Ethics & Corporate Governance	MF 402	<input type="checkbox"/>	<input type="checkbox"/>

Elective		Code	Mark as appropriate	Date(s)
vi.	Digital Finance in Microfinance Institutions	MF 403	<input type="checkbox"/>	<input type="checkbox"/>
vii.	Small and Medium Enterprises Management and Development	MF 404	<input type="checkbox"/>	<input type="checkbox"/>

12. I Enclose Certified Cheque/Bank Draft /Bank Deposit Slip No.....Bank.....Amount (N).....
Evidence of payment of Annual Subscription should be attached, otherwise entry form may not be processed. Payment can be made into the CIBN Accounts, **GT Bank - 0000845015** or **First Bank of Nigeria Limited – 2000607939** or **Access Bank Plc – 0019395540**. The Account name is: *The Chartered Institute of Bankers of Nigeria*

13. **DECLARATION**
I confirm that the information given above is correct to the best of my knowledge. I therefore agree that any inconsistency or discrepancy in the information automatically disqualifies me from taking the examination.

Signature of Applicant & Date

14. **CLOSING DATE**
The closing date for the receipt of entries is Monday, March 18, 2019
All Completed forms must be returned to CIBN National Secretariat, PC 19, Adeola Hopewell Street, V/Island, Lagos on or before Monday, March 18, 2019. No Late Submission of forms will be entertained.

MICROFINANCE CERTIFICATION EXAMINATION TIME TABLE

Date	Tuesday, April 9, 2019			Wednesday, April 10, 2019			
Time	Morning Session: 9.00 a.m - 12 noon			TIME	Morning Session: 9.00 a.m - 12 noon		
Old Syllabus Level I	Fundamentals of Microfinance Banking	Managing Microfinance Banks	Financing Analysis & Performance Monitoring of MFBs	Old Syllabus Level II	Product Dev. & Marketing in Microfinance Banks	Risk Management in Microfinance Banks	Internal Control & Management Information System

Date	Tuesday, April 9, 2019			Wednesday, April 10, 2019				
Time	Morning Session: 9.00 a.m - 12 noon			TIME	Morning Session: 9.00 a.m - 12 noon			Afternoon Session: 2.00 p.m - 5.00 p.m.
New Syllabus Level I	The Evolution, Mgt and Regulation of Microfinancing	Ethics & Corporate Governance	Fin. Analysis & Perf. Monitoring of MFBs Inst.	New Syllabus Level II	Product Dev & Marketing Mgt.	Risk Mgt. & Int'l Control in Microfinance Inst.	Digital Finance in Microfinance Institutions	Small & Medium Enterprises (SME) Mgt. & Dev.

EXAMINATION FEES	EXAM LEVEL	1 SUBJECT	2 SUBJECTS	3 SUBJECTS	4 SUBJECTS	5 SUBJECTS	6 SUBJECTS	MCP TRAINING MANUAL N1,000.00
	MICROFINANCE	₦5,000	₦7,500	₦10,000	₦15,000	₦17,500	N20,000	

Payment Options: **Cheque Bank Payments: Bank Drafts, Bank Cheques** in favour of The Chartered Institute of Bankers of Nigeria, Lagos or Cash Payment into any of the CIBN accounts (**First Bank - 2000607939 Access Bank - 0019395540**) with evidence of payment forwarded to the Institute.
Electronic Payments: POS (at the National Secretariat, Lagos, National Secretariat Annex Abuja & Eastern Zonal Office Owerri), On-line payments: **Interswitch** (ATM Card-Master card/Verve) **E-wallet(cibn etranzact pay outlet)** Visit any bank branch Make payment & obtain a confirmation code. Logon to www.cibng.org, click on Member Login and proceed. For more information please visit www.cibng.org (select Help menu).

FOR OFFICE USE ONLY

Date	Action	Initial	Remarks
	Received by		
	Acknowledgment Sent		
	Confirmation of payment		

Pls check your result at https://www.cibng.org/cb_login.asp