

Home Phone Number

PAYMENT ADVICE**Membership Joining Fee €40**

Cheque/Draft

- Ensure you print your name and membership number (if applicable) clearly (in block capitals) on the back of the cheque or draft
- Make cheques/drafts payable to THE INSTITUTE OF BANKING
- Post-dated cheques/drafts are not accepted
- DO NOT SEND CASH

Credit Card/Debit Card/Laser

- Register by credit card/debit card/laser online at www.iob.ie or by calling the Registration line on 01 6116500.

Future Annual Membership Fee (due January each year) €40Direct Debit ☐Salary Deduction ☐

Complete the DD Mandate Form and return to the Institute by post.

I am employed by one of the following corporate members who operate a salary deduction scheme: Bank of Ireland, First Trust Bank, Danske Bank (NI Only), permanent tsb, Ulster Bank and agree to pay my annual subscription through this scheme.

If your employer is supporting your membership fee(s) by company invoice (please check with your HR/Training department) do not attach fees to this form.

DATA PROTECTION NOTICE

The information provided by you on this membership application form and generated as a result of your membership of The Institute of Banking may be used and disclosed by The Institute of Banking for all purposes which are reasonably incidental to your membership. We may disclose your information to your employer upon receipt of a reasonable request from your employer and, if applicable, to the Central Bank of Ireland for Minimum Competency Code and Fitness and Probity requirements. We may also provide you with information in relation to other services offered. If you do not wish to receive information in relation to these services offered by The Institute of Banking, please tick this box: ☐

You are entitled to ask for a copy of the personal data which The Institute of Banking holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: The Registrar, The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1.

DECLARATION

I wish to apply for Membership of The Institute of Banking. I have read in full, understood and agree to be bound by the terms and conditions of Membership set out and referred to online at www.iob.ie/terms.

Signature

Date

u	u	/	m	m	/	y	y	y	y
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COMPLETED FORMS CAN BE POSTED TO: THE INSTITUTE OF BANKING, IFSC, 1 NORTH WALL QUAY, DUBLIN 1.

THE EASIEST WAY TO REGISTER IS ONLINE AT WWW.IOB.IE

PROFESSIONAL CERTIFICATE IN INTERNATIONAL FINANCIAL SERVICES - FORM 6

PERSONAL DETAILS

Membership Number _____

Surname _____

First Name _____

Date of Birth (dd/mm/yyyy) _____

County of Birth e.g. Dublin (if born outside of Ireland, country of birth) _____

Mobile Phone Number* _____

Email Address* _____

Mother's Maiden Name _____

Have you been a UCD student before? _____

If yes, state dates of attendance _____

ALL FIELDS ARE MANDATORY

_____ Staff Number _____ (if applicable)

____ / ____ / _____ Mr ☐ Mrs ☐ Ms ☐

E.g. attained a degree, studied a postgraduate programme or attained an award from The Institute of Banking Yes ☐ No ☐

From (mm/yyyy) ____ / ____ To (mm/yyyy) ____ / ____

*We will send you alerts when new correspondence is posted online to **MyInstitute**

IF YOU ARE BECOMING A MEMBER ALSO COMPLETE THE MEMBERSHIP APPLICATION FORM

WORK DETAILS

Employer Name _____

Department _____

Address _____

County _____

Work Phone Number _____

Note that all correspondence is sent to your work address unless requested otherwise. The Institute of Banking does not accept responsibility for correspondence sent to home addresses

_____ Postcode _____

HOME DETAILS

Address _____

County _____

_____ Postcode _____

PROFESSIONAL CERTIFICATE IN INTERNATIONAL FINANCIAL SERVICES

Module	Exam Date and Start Time	Lecture Support €410 per module
International Financial Markets	25th Jan 2014 (12:00pm)	<input type="checkbox"/>
International Financial Services - Products and Services	17th May 2014 (3:00pm)	<input type="checkbox"/>
International Financial Services - Risks and Regulation	24th May 2014 (3:00pm)	<input type="checkbox"/>

LECTURE VENUE

Dublin ☒

EXAM VENUES

Venues are available
subject to demandAthlone ☐Belfast ☐Cork ☐Dublin ☐Galway ☐Letterkenny ☐Limerick ☐Waterford ☐

CLOSING DATE

Leading to January Exams: Friday, 8th November 2013 : Leading to May Exams: Friday, 7th March 2014

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DATA PROTECTION NOTICE

The information provided by you on this registration form and generated as a result of your participation in programme(s) may be used and disclosed by The Institute of Banking for all purposes which are reasonably incidental to your participation in the programme(s).

If you are taking part in programmes in the context of your employment, those purposes may include the disclosure of examination results to your employer and such other information as may be necessary to enable your employer to maintain a register of accredited individuals and for other regulatory or compliance purposes. If applicable your information may also be disclosed to the Central Bank of Ireland for Minimum Competency Code and Fitness and Probity requirements. Where you are taking part in the programme(s) in a private capacity (i.e. outside the course of your employment) you may indicate that your information should not be disclosed to your employer by ticking the box below.

I confirm that I am participating in this programme outside the course of my employment. ☐

However, if your employer subsequently seeks such information in relation to you and submits evidence to us that you took part within the course of your employment, we reserve the right to disclose your information to your employer. The Institute of Banking may also provide you with information in relation to other services which they offer. If you do not wish to receive information or offers in relation to such other services please tick this box. ☐

You are entitled to ask for a copy of the personal data which The Institute of Banking holds about you and to have any inaccuracies in such personal data amended or erased. You may do so by writing to: The Registrar, The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1

DECLARATION

I wish to register for the programme(s) selected above. By submitting this The Institute of Banking registration form, I acknowledge that I have read in full, understood and agree to be bound by the terms and conditions set out and referred to online at www.iob.ie/terms. I further confirm that I have read and understood the contents of the data protection notice and consent to the uses and disclosures of my personal data as set out therein.

Signature

Date

 / /

COMPLETED FORMS CAN BE POSTED TO: THE INSTITUTE OF BANKING, IFSC, 1 NORTH WALL QUAY, DUBLIN 1.

DIRECT DEBIT INSTRUCTION



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY YOUR ANNUAL SUBSCRIPTION BY DIRECT DEBIT

Complete parts 1 to 4 to instruct your Bank to make payments directly from your account. Then return the form to: The Institute of Banking, IFSC, 1 North Wall Quay, Dublin 1.

1.

To The Manager:

Bank:

Address:

Originator's Code

Republic of Ireland

3	0	0	5	2	6
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Northern Ireland

8	6	1	0	3	7
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2.

ACCOUNT HOLDER

First Name

Surname

Originator's Reference (Membership No.)

Branch Sort Code

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Account Number

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4.

YOUR INSTRUCTION TO YOUR BANK AND YOUR SIGNATURE

- I instruct and authorise you to pay Direct Debits from my account at the request of The Institute of Banking.
- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also notify The Institute of Banking of such cancellation.

Signature

Date

d	d
---	---

	m	m
--	---	---

y	y	y	y
---	---	---	---

Please note: Banks may refuse to accept instructions to charge Direct Debits to certain types of account other than current accounts.

THE DIRECT DEBIT GUARANTEE:

- This is a guarantee provided by your own Bank as a Member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then:
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account, and
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds.
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed an immediate refund by your Bank of the amount so charged where you notify your Bank without undue delay on becoming aware of the unauthorised Direct Debit, and in any event no later than 13 months after the date of debiting of such Direct Debit to your account.
- You are entitled to request a refund of any Variable Direct Debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your Bank within a period of 8 weeks from the date of debiting of such Direct Debit to your account.
- You can instruct your Bank to refuse a Direct Debit payment by writing in good time to your Bank.
- You can cancel the Direct Debit Instruction by informing your Bank in good time.

THE INSTITUTE OF BANKING, IFSC, 1 NORTH WALL QUAY, DUBLIN 1