



The Institute of Bankers Pakistan

Moulvi Tamizuddin Khan Road, Karachi-74200, Pakistan

Phone: 5684575-5686955-5680783-5689718-5687515-5689364

UAN:111-111-564 Fax: 92-21 5683805 E-mail: ibp@ibp.org.pk Website: www.ibp.org.pk

AIBP EXAMINATION FORM

I.B.P. SUPERIOR QUALIFICATION IN BANKING & FINANCE (SUMMER/WINTER 200____)

(Please read the instructions given on the reverse and in the knowledge plan carefully before filling in the form.

Incomplete form and forms giving wrong information / suppressing the facts wilfully are liable to outright rejection.)

Access #.	Old enrolment No.	Roll No.	
Year of Passing: DAIBP		Year of Passing: Special Certificate (if any)	
Full Name (In Block Letters)			
Father's Name (In Block Letters)			
Designation (if working)		Name of Financial Institution	
Office Address			
	City	Country	Postal Code
Home Address			
	City	Country	Postal Code
E-mail Address	Office Telephone #.	Fax #.	Cell Phone #.
			Home Telephone #.

PHOTO
Please paste here one recent passport size colour photograph duly attested on front

EXAMINATION INFORMATION - SUBJECTS TO BE ENROLLED IN

Tick (✓) against the subject in which you wish to appear. You will not be allowed to take examination in a subject against which tick (✓) has not been put / or fee has not been paid.

Associateship of IBP (AIBP)				
Subject	Paper Code	Year of Passing	Roll No.	Tick (✓)
Anti Money Laundering Measures and Business Ethics	3101			
Corporate and Banking Law	3102			
Advance Risk Management	3103			
Financial Planning and Budgeting	3104			
Specialization subjects (any one subject to be selected)				
Financial Derivatives	3151			
Project Financing	3152			
Capital Markets	3153			
Strategic Human Resource Management	3154			
An Introduction to Insurance	3155			

FILL IN THE FOLLOWING FOR ASSIGNING CENTRE

1. _____
(Place of posting)

2. _____
(Nearest District Headquarter)

3. _____
(Nearest Divisional Headquarter)

Date _____

Signature of Applicant) _____

Draft / Pay Order No. _____	Drawn on _____
For Rs. _____ is enclosed covering Relationship fee Rs. _____ and	
Examination fee Rs. _____ for _____ Subjects @ Rs. 800/= per subject.	Signature _____



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I.B.P. SUPERIOR QUALIFICATION IN BANKING & FINANCE

IDENTIFICATION SLIP

SUMMER / WINTER 200_
 ASSOCIATESHIP OF IBP (AIBP)

FOR OFFICE USE ONLY

Roll No.

Full Name (In Block Letters)

Access #.

C.N.I.C. #/ Photo Identify #.

Financial Institution & Office / Home Address

	City	Country
		Postal Code

Telephone #.

Cell Phone #.

FOR OFFICE USE ONLY

Centre

Signature of Applicant

Senior Deputy Director (AC&T)

PHOTO

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I.B.P. SUPERIOR QUALIFICATION IN BANKING & FINANCE

ADMIT CARD

SUMMER / WINTER 200_
 ASSOCIATESHIP OF IBP (AIBP)

FOR OFFICE USE ONLY

Roll No.

Full Name (In Block Letters)

Access #.

C.N.I.C. #/ Photo Identify #.

Financial Institution & Office / Home Address

	City	Country
		Postal Code

Telephone #.

Cell Phone #.

FOR OFFICE USE ONLY

Centre

Signature of Applicant

Senior Deputy Director (AC&T)

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