



IBP Superior Qualification

ISQ Registration Form for GRADUATES

Please write clearly using BLACK ink in BLOCK letters
Please see below for further guidelines regarding this application form

PERSONAL DETAILS	Full Name		Previous Access/ Enrollment No. (if any)	
	Date of Birth DD / MM / YYYY		Father's Name	
	Residential Address			Please attach here, two recent passport-sized photographs, one attested on the back and one on the front. Photocopies are not accepted.
	Residence Phone	Mobile Phone	E-mail	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	CNIC No.	
ACADEMIC DETAILS	Qualification		Graduation Year	
	College/ University/ Institute (please also include city and country name)		GPA/ Grade/ Percentage	
EMPLOYMENT DETAILS	Job Title	Organization		Department/ Section/ Branch
	Work Address		Work Phone	Fax
FEE DETAILS	Mode of Payment <input type="checkbox"/> Pay Order <input type="checkbox"/> Bank Draft	Pay Order/ Bank Draft Number	Drawn On Bank	Amount (in Pak Rs.)
GUIDELINES & CONSENT	<p>Please enclose the following with this application form</p> <ol style="list-style-type: none"> 1 Attested copies of educational certificates 2 Attested copy of CNIC/ Photo Identity 3 One-time Registration Fee by a Bank Draft or Pay Order, drawn on any bank in Pakistan 			
	<ul style="list-style-type: none"> ■ If you have registered for the ISQ in previous session(s), you must mention the most recent Access Number in the space provided. ■ Please provide complete residence/ office address to ensure safe delivery of admit cards, result sheets and other correspondence. ■ Please avoid sending any extra amount with the Registration Fee. Payments for books or preparatory classes to be made separately. ■ Registration as ISQ Examinee is governed by the rules and regulations given in ISQ Handbook which can be obtained from the IBP Admissions Office or downloaded from the IBP website. ■ Student data provided herein as well as exam result data will be shared by IBP with Chartered Banker Institute, UK 			
	Applicant's Signature	Applicant's Name		Date
FOR OFFICIAL USE ONLY	Access Number E -	All spaces duly filled <input type="checkbox"/> Yes <input type="checkbox"/> No	All documents attested & in order <input type="checkbox"/> Yes <input type="checkbox"/> No	Dues cleared <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Remarks (if any)			



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