

ASSOCIATION OF PROFESSIONAL BANKERS – SRI LANKA APPLICATION FOR MEMBERSHIP

The Secretary General
Association of Professional Bankers - Sri Lanka

MEM	BERSHIP NO

I hereby apply for **ORDINARY/LIFE** membership of the Association of Professional Bankers and undertake to abide by the Constitution, rules and regulations made under the Constitution from time to time. I also agree to uphold the highest traditions and standards of the Banking Profession and to maintain dignity at all time.

1. PERSONAL INFORMATION																						
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Name in Full:		ļ	ļ														ļ			<u> </u>		
Prof./Dr./Mr./Mrs./Ms./Miss.																						
(Please Underline Surname)																						
Name with Initials																						
Calling Name																						
NIC No.																						
Date of Birth	D	D	M	M	Y	Y	Y	Y														
2. CONTACT DETAILS																						
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Office Address																						
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Office Telephone No.																						
3.EMPLOYMENT DETAILS	1	ı	ı	T	ı	ı	ı	ı	ı	<u> </u>	ı	ı	ı		<u> </u>	<u> </u>	ı	1	ı			
Name of Bank / Institution																						
Current / at Retirement																						
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Designation																		_				
Current / at Retirement																						
No of Years' Service			Y	E	A	R	S															
Specialization																						
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4. QUALIFICATIONS: (Please specify)																					
	1.																				
Academic	2.																				
	1.																				
Professional	2.																				
5. CATEGORY OF APPLICATION (Please tick as appropriate and attach documentary eviden															ice)						
1. Banker who is a Fellow or an Associate of the (Diploma holders who are not Associates will not be eligible, until they secure the Associateship.)																					
Charted Institute of Bankers, United Kingdom or the Institute of Financial Services, United Kingdom.																					
Institute of Bankers of	Institute of Bankers of Sri Lanka																				
Any other Banking Insti	itute rec	ogn	ize	d by	the	AP	ВС	ound	cil.												
2. Banker in the grade of Ass the Council from time to ti																	e, a	s de	ecid	ed	by
3. A banker who has comp														sei	rvic	e a	s a	pe	rm	ane	nt
employee of a Bank, as of date with one of the following three criteria, Holder of Postgraduate Diploma / Diploma in Bank Management of Institute of Bankers of Sri Lanka													ì								
A Fellow or Associate member of a professional body in the fields of Financial Account Management Accounting, Information Technology, Human Resources, Marketing, Econo Broadly of Financial Accounting to the control of the control												non									
Research, or Engineering, which qualification is recognized by the Council or an Attorney-at-Law. Holder of a Master's Degree in Business Administration / Finance / Law / human Resources / Information Technology													/								
6.PAYMENT DETAILS	у																				
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	- Sri Lanka" being my membership fee. Cheque No																				
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7.APPLICANT SIGNATURE																					
SIGNATURE OF APPLICANT													D	ATI	Ε						
8.PROPOSED BY																					
NAME OF PROPOSER						SIGNATURE OF PROPOSER DATE															
FOR OFFICE USE ONLY																					
Recommendation - Membership Committee							Approval - APB Council														
CHAIRMAN						CECDETADY CENEDAL															
Comments (If any)							SECRETARY GENERAL														
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Category of Membership						Dat	a b	ase (on				AK	' GE	ENE			ture	e		
Category of Membership Membership No.								ase (on				AR	/ GE	ENE			ture	e		