**The Secretary General**

**MEMBERSHIP NO**

**Association of Professional Bankers – Sri Lanka.**

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.

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| 1. **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name in Full: Prof./Dr./Mr./Mrs./Ms./Miss.**  **(Please Underline Surname)** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Name with Initials** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Calling Name** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Date of Birth** | D | D | M | | M | | Y | | Y | | Y | | Y | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile No/s** | **Personal** | | | | | | | | | | | | | | | | | |  | | | | **Official** | | | | | | | | | | | | | | | |
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| **Personal e-mail address** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Home Address** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Home Telephone No.** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Official e-mail address** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Office Address** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Office Telephone No.** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
| 1. **EMPLOYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Bank / Institution Current / at Retirement** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **Designation**  **Current / at Retirement** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |
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| **No of Years’ Service** |  |  | **Y** | | **E** | | **A** | | **R** | | **S** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Specialization** |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  |  |  |  |  |
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| 1. **QUALIFICATIONS: (Please specify)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Academic** | **1.** | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **2.** | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
| **Professional** | **1.** | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |
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| 1. **CATEGORY OF APPLICATION (Please tick as appropriate and attach documentary evidence)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Sri Lanka | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other Banking Institute recognized by the APB Council. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Banker in the grade of Assistant General Manager and above, or of equivalent grade, as decided by the Council from time to time. Such decisions made by the Council shall be final.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **A banker who has completed a minimum of 5 years of continuous service as a permanent 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Fellow or Associate member of a professional body in the fields of Financial Accounting, Management Accounting, Information Technology, Human Resources, Marketing, Economic 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PAYMENT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I herewith enclose a cheque for Rs……………………. drawn in favour of the “Association of Professional Bankers – Sri Lanka” being my membership fee. Cheque No. …………………… Bank ……………………. Branch …………………  Ordinary Members (Annual Subscription – Rs.1,500/- Life Membership (Rs. 15,000/-) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **APPLICANT SIGNATURE** | |
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| **SIGNATURE OF APPLICANT** | **DATE** |

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| 1. **PROPOSED BY** |  |  |
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| **NAME OF PROPOSER** | **SIGNATURE OF PROPOSER** | **DATE** |

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| **FOR OFFICE USE ONLY** | | | | |
| **Recommendation - Membership Committee** | | **Approval – APB Council** | | |
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| **CHAIRMAN** | | **SECRETARY GENERAL** | | |
| **Comments (If any)** | | | | |
| **Category of Membership** |  | **Data base on** |  | **Signature** |
| **Membership No.** |  | **Input by -** | |  |
| **Date Approved** |  | **Verified by -** | |  |