



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"/> Deposit Slip	CNIC #			Drawn On Bank	Amount
	<p>GUIDELINES & CONSENT</p> <p>Please enclose the following with this application form</p> <ol style="list-style-type: none"> Attested copies of educational certificates Attested copy of CNIC/ Photo Identity Deposit slip as an evidence of payment of registration fee <ul style="list-style-type: none"> If you have registered for ISQ in previous session(s), you must mention the most recent enrolment number in the space provided. Please provide complete permanent residential 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 of IBP. 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)						





Please deposit fees in only one of the following bank & tick the relevant bank. (Accepted at all HBL & ABL Branches)

Branch Name:
Branch Code:
Date:

HBL Bank LTD
Account Title: The Institute of Bankers Pakistan
CMD Account Number: 0042-79915992-03

Allied Bank LTD
Account Title: The Institute of Bankers Pakistan
CP Account Number: 001-00022-0993-0023

Access No: E - 9 9 9 9 9 9 CNIC No:

Full Name:

Father's Name:

Mobile No. - Amount PKR:

Amount in words:

Enrollment Fee Registration Fee

Note for Bank:

- Mode of payment would be cash only.
Please Stamp all copies of deposit slip.
The Bank must return "Applicant's copy" & "IBP copy" to the candidate.
Application Form will not be entertained without Original Deposit Slip (IBP Copy).

Applicant's Signature Bank Officer



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