



The Uganda Institute **of Banking and** **Financial Services**

Plot 10 Buganda Road
P.O. Box 4986, Kampala, Uganda
Tel: (256) 41 4233628 / 4349059 / 4349060
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THE UGANDA INSTITUTE OF BANKING & FINANCIAL SERVICES

PROCEDURES FOR THE AWARD OF ASSOCIATESHIP

ASSOCIATESHIP (AUIB)

Associates shall be individuals elected by the Board and who have passed the Diploma in Banking examinations a.k.a Certified Professional Banker (CPB) or obtained such other qualifications of the Institute or of any other recognized Banking Institute as the Board may from time to time prescribe or approve.

Such Individuals shall be paid up members of the Institute and shall continue to actively participate in the Institute's activities as approved by the Board.

The Board shall regularly forward to the Council names of those individuals elected to the rank of Associate (AUIB) for award of the accolade.

Procedure

1. Applicant picks application form from the Institute's website or the office of the IMSE
2. Applicant returns completed application form alongside copies of academic testimonials + 2 Passport photos to the IMSE
3. The applicant seeks employer's opinion in respect to his/her suitability for the accolade. This should specifically address the applicant's integrity, professionalism, technical competence and all round banking/financial services experience.
4. IMSE tables application before the Management Committee.
5. Management Committee recommends application to the Education/Membership Committee of the Board.
6. The Education /Membership Committee recommends application to the Board of Directors for election to the rank
7. Upon getting Board approval the applicant's name shall be forwarded to the Council for award of Associateship.

N/B:

Applications to be considered for the award in any given calendar year shall reach the office of the IMSE not later than the 30th day of April of that year.



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ASSOCIATESHIP (AUIB) APPLICATION FORM

PHOTO

Names:

Permanent Address:

Membership No:

Tel No :(Office).....Tel No:(Home)..... Mobile.....

E-mail Address:

Qualifications attained from the Institute:

Date attained:.....

Other qualifications:.....

Current employer:.....

Current Designation:.....

Employment history:

Date		Organization	Designation
From	To		

Applicant's signature

Date.....

Employer's Recommendation:

.....

.....

Verified by:

Academic Registrar..... Date

Information & Membership Services Executive..... Date.....

Chief Executive Officer..... Date.....