



THE UGANDA INSTITUTE OF BANKING
AND FINANCIAL SERVICES



Please cross in the appropriate box:

DIPLOMA IN MICROFINANCE

Please read the Prospectus and the information pertaining to the particular course prior to completing this enrolment contract. Should you have any queries regarding the completion of this document please contact The Uganda Institute of Banking and Financial Services.

The following must accompany this Enrolment Contract:

- Original copies of qualifications
- A photocopy of the first page of your identity document.
- Three passport sized photographs with your name on the back of each photograph.
- Full payment of fees.
- Students will be provisionally registered until receipt of all appropriate documents.

NEW STUDENT RETURNING STUDENT

METHOD OF STUDY (If Distance Learning please indicate center)

- Evening Classes
- Distance Learning Study
- Private Study
- Kampala / Mbale / Jinja
- Mbarara / Masaka
- Gulu

Fees once paid are not refundable

ENROLMENT Contract

SUBJECTS TO BE TAKEN DURING THE SEMESTER

February – June 2011

- Financial Resource Mobilization & Mgt
- Management Information System

August – December 2011

- Human Resource Management
- Microfinance Risk Management

Distance Learning February – December 2011

- | | |
|--|---|
| <input type="checkbox"/> The Business Environment for Microfinance | <input type="checkbox"/> Management & Organisation for Microfinance |
| <input type="checkbox"/> Marketing in Microfinance | <input type="checkbox"/> Financial Resource Mobilization & Management |
| <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Microfinance Risk Management |
| <input type="checkbox"/> Accounting & Financial Management | <input type="checkbox"/> Management Information Systems |

Student Information

Surname	<input type="text"/>	First Names:	<input type="text"/>
Title: (Dr. Mr, Mrs, Ms)	<input type="text"/>	ID Number:	<input type="text"/>
Date of Birth (DD/MM/YY)	<input type="text"/>	Nationality:	<input type="text"/>
Address (Postal):	<input type="text"/>	Address (Residential):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone: Work:	<input type="text"/>	Home:	<input type="text"/>
		Mobile:	<input type="text"/>
Fax:	<input type="text"/>	E-mail:	<input type="text"/>

Employment Details

Name of employer:	<input type="text"/>
Employer's physical and postal address:	<input type="text"/>
	<input type="text"/>
Position in the organization:	<input type="text"/>

Fees once paid are not refundable →

EDUCATION QUALIFICATIONS

Qualification	From	To	Institution

PAYMENT OF FEES

Who is responsible for the payment of course fees?

Self Employer / Company Sponsor

This must be endorsed if your organization is to pay the course fees.

Name of authorizing officer: _____

Position

Official stamp and date

Remarks (if any)

Signature

Date

For self sponsored students, full payment of fees for the current semester of study should be forwarded with this form.

Bank Drafts must be made in favour of The Uganda Institute of Banking and Financial Services

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Declaration by Applicant

1. The undersigned applicant, do hereby:
- a) acknowledge that I understand the provisions of the declaration of this Enrolment contract, and hold myself bound thereby and all other provisions of this registration and by the rules and procedures of the Institute for the time being in force or as they may be altered, for any period for which I am a registered students;
 - b) acknowledge that I have familiarized my self prospectus of the relevant programme and certify that the information given in this form is accurate and complete in all respects;
 - c) confirm that I have to satisfy the requirements of due performance as laid down by the Institute;
 - d) hold myself responsible for the payment in full tuition fees relating thereto, notwithstanding the fact that my employed/sponsor has undertaken to pay the full tuition relating thereto;
 - e) Agree that the Institute reserves the right to withhold course results should there be any default in payments according to this signed Enrolment Contract.

Signature of Applicant: _____ Date: _____

Print Name: _____ Witness: _____

Signature of Sponsor/Company Representative (if applicable) _____

Kindly forward this Enrolment Contract with the requisite documents and fees to:

The Uganda Institute of Banking and Financial Services
P. O. Box 4986, Kampala
Tel: 4-233628 / 4-349059 or
Fax: 4-234259

ACCEPTANCE AND ENROLMENT (for office use)

Application accepted and the within-name applicant enrolled by the Uganda Institute of Banking and Financial Services

Dated this _____ day of _____

For and on behalf of UIBFS