



ISO 9001:2008 CERTIFIED

THE UGANDA INSTITUTE
OF BANKING AND
FINANCIAL SERVICES

RGR-R-ENT-02
Rev:03
Date: 2/06/2013

REGISTRAR

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:

- Certified copies of Diploma and graduate qualifications
- A photocopy of the first page of your identity document.
- Three stampsized 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

RETURN STUDENT

METHOD OF STUDY (If Distance Learning please indicate center)

Evening Classes *Distance Learning Study* *Private Study*

Mbale Gulu Arua Mbarara Kampala

OTHER SPECIFY:.....

.....

ENROLLMENT Contract

DIPLOMA IN MICROFINANCE (Tick applicable programme/subjects)

Evening Classes **Distance Learning Study** **Private Study**

The Business Environment for Microfinance Management & Organisation for Microfinance

Marketing in Microfinance Financial Resource Mobilization & Management

Human Resource Management Microfinance Risk Management

Accounting & Financial Management Management Information Systems

Student Information

Surname: First Names:

Title: (Dr. Mr, Mrs., Ms) ID Number:
(for continuing students only)

Date of Birth: (DD/MM/YY) Nationality:

Address (Postal):
 Address (Residential):

Telephone: Work: Home: Mobile:

Fax: E-mail:

Employment Details

Name of employer:

Employer's physical and postal address:

Position in the organization:

EDUCATION QUALIFICATIONS SUMMARY

Qualification	From	To	Institution

PAYMENT OF FEES

Who is responsible for the payment of course fees?

Self

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.

Accounts Section (for office use)

Amount Paid	Receipt Number	Accounts officer's signature	Date

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

Fees once paid are not refundable

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 familiarised myself with the 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:

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 Registrar's office)*

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