

INSTITUTE OF BANKERS OF SRI LANKA

No. 80A, Elvitigala Mawatha , Colombo-08 Tel. 94-11 2425777, 94-11 2425766

E-mail: mr@ibsl.lk

AFFIX Photo

Passport size

EXPRESSION OF INTEREST FOR FELLOWSHIP (FIB) OF THE IBSL

Application Closing Date : 10th October 2024

1. PERSONAL DATA
1.1 Name with Initials :
1.3 Date of Birth ://
1.4 Correspondence Address : Contact Number Res :
Mobile :
1.5 Current Designation :
1.6 Current Employer & official : Address
Contact Number :
E-mail address :
2. STATUS OF INSTITUTE MEMBERSHIP
2.1. Associate Membership No : AM
2.2 . Year elected as an Associate Member : (As shown on your membership certificate)
2.3. Are you a Life - Associate Member? : Yes / No
2.4. If not, have you updated the subscription up to the current year? : Yes / No (Members are required settle subscripntion arrears (if any) in full to be eligible to apply for a higher membership category)
Instructions to fill item 3,4,5,6 & 7 below:
(a) If space is not enough, please submit as an annex paper.(b) Item Nos. 3 -7 should be supported by documentary evidences to earn marks.

n Attorney -at - Law)		alification	
Institution	Qu	alification	Year Completed
. TRAINING			
			<u>Period</u>
1). Training program	imes followed in Core ba	nking areas :	
.2). Training program	nmes followed in Non-cor	e operational areas	
,		· · · · · · · · · · · · · · · · · · ·	
	(Please use the attac	hed Training Report to fill t	his section)
	EXPERIENCE AND MA		ONS HELD
	ior to Associateship (AII		
<u>Institution</u>	<u>Position</u>	Period (From - To)	Area (Core/Operational)
.2) Service Record aft	er Associateship (AIB)		
Lagdidadion	Dogisi ou	Doni o d	Anaa
<u>Institution</u>	<u>Position</u>	Period (From - To)	Area (Core /Operational)

6. SPECIFIC CONTRIBUTIONS TO THE claims. Marks will not be awarded for claims without		ry evidence to support your
(6.1) New Banking/Financial products introd		
(6.2) Management of overseas/local specialize	ed projects :	
(6.3) Direct participation in formulation / revi	ew of Management and Financial po	licies:
(6.4) Chairing /holding key positions in specia	al / working committees / Boards etc	:
(6.5) Any other contributions made for develo	opment of the industry/achievement of	of organizational
goals.		
	IC 0 FINANCE PRINCE TO U.S.	
7. YOUR CONTRIBUTION TO BANKIN	G & FINANCE EDUCATION (Platta	ach documentary evidence)
_Contribution	<u>Institution</u>	<u>Period</u>
(7.1) As a Lecturer in IBSL / Other institution	18:	
(7.2) As an Examiner in IBSL/ Other institution	one:	
(7.2) As an Examiner in IDSE/ Other institution	ons.	
(7.3) As a Researcher:		
(7.4) As an Author of Study Packs/Publication	ons related to the industry:	
(7.4) As an Author of Study Packs/Publication	ons related to the industry:	

(7.5) Any other related contribution/special cla	ims:
8. APPLICANT'S DECLARATION (Please 1	read carefully and sign)
Having read the regulations of the Institute of B	ankers of Sri Lanka, I
of	certify that
the particulars furnished in this application by n right to deny Fellowship without assigning reason	ne are true and correct. I am aware that the Institute reserves the ons or withdraw Fellowship.
	ereby agree to uphold the highest professional standards and to stry. I shall not use the title FIB , Sri Lanka if the Governing owship for other reasons.
Date:	Applicant's signature:
9. PROPOSED FELLOWSHIP CITATION	
(Pl give details in an Annexure not exceeding 20 or before the closing date).	00 words and e-mail the soft copy of the same to <u>vs@ibsl.lk</u> on
10. CERTIFICATION	
A. SPONSORS' CERTIFICATION	
I recommend that Mr./Ms./Miss person for election as a FELLOW of the Institut	te of Bankers of Sri Lanka.
Proposed by: (Fellow of the IBSL / Chief Exec	utive Officer /Head of Human Resources):
a) Name:	
b) Current Employment:	
c) Address :	d) Qualifications :
Contact No:	
	f) Fellow Membership No:
g) Reason for supporting the sponsorship	
Date : //	
DD MM YYYY	Signature

b) Current Employment:		
c) Address:	Seconded By (Fellow of IBSL / Chief Execu	ntive Officer / Head of Human Resources):
b) Current Employment:	a) Name:	
c) Address:		
Contact No:		
e) Year of election as a Fellow:	c) Address :	d) Qualifications:
Date: :/	Contact No :	
Date: :/	e) Year of election as a Fellow:	f) Fellow Membership No
Date: :/	g) Reason for supporting the sponsorship:	
This is to certify that Mr./Mrs./Miss	Date: :/	
years and this applicant w.e.f is holding the post of (Designation) The applicant is considered a fit and proper person to be elected as a Fellow of the Institute of Bankers of Lanka. I am aware of the claims made in para (5) & (6) of this Application form. Name : Signature : Designation : Date :	This is to certify that Mr./Mrs./Miss	
(Designation) The applicant is considered a fit and proper person to be elected as a Fellow of the Institute of Bankers of Lanka. I am aware of the claims made in para (5) & (6) of this Application form. Name : Signature : Date : DD / MM / YYYY	has held managerial positions in this Institut	ion as claimed in Column 5 of his/her application for a period of
The applicant is considered a fit and proper person to be elected as a Fellow of the Institute of Bankers of Lanka. I am aware of the claims made in para (5) & (6) of this Application form. Name : Signature : Date : Date DD / _MM / _YYYY	years and this applicant w.e.f	(Date) is holding the post of
Lanka. I am aware of the claims made in para (5) & (6) of this Application form. Name : Signature : Designation : Date :	(De	signation)
Name : Signature : Designation : Date ://		person to be elected as a Fellow of the Institute of Bankers of S
Designation : Date : ${DD} / {MM} / {YYYY}$	I am aware of the claims made in para (5) &	(6) of this Application form.
	Name :	Signature :
Name of Institution: Official Seal :	Designation:	Date : $\frac{DD}{DD} / \frac{MM}{YYYY}$
	Name of Institution :	Official Seal :



ENTRY NOTES

1. Eligibility to apply:

- i. Associate members (Life/Active) of the IBSL in the position of AGM / DGM grade or above **OR**
- ii. Associate Members in senior managerial positions with minimum of 10 years post Associate Member experience and working in the field of Banking & Finance are eligible to apply.

Supporting documents required:

- Three (03) Passport size photographs. Affix one photograph on the space provided in the application form.
- A service letter (original) issued by HR Department confirming work experience specifying core and operational areas, current designation and number of years in service.
- Certified copies of other professional/academic qualifications and training attended.
- Other relevant documentary evidences to support claims related to item No. 06 & 07 (contributions to Banking & Finance industry and Education)
- Soft copy of the proposed Fellowship citation not exceeding 200 words.
- Payment receipt for application processing fee of Rs. 500/-. Payments are required to be made to one of the IBSL Bank Accounts given below OR pay over the IBSL counters. Pl attach the customer copy of payment receipt to the application form.
- Submit your application duly certified by the sponsors & Head of the institution.

2. Membership Fee

Category	Life Membership Fee (Rs.)	Application processing Fee
	, ,	(Rs.)
Fellow Membership	100, 000/-	500/-

Duly Completed Applications should be sent to the following address on or before 10. 10. 2024.

Director – Member Relations Institute of Bankers of Sri Lanka No. 80A, Elvitigala Mawatha Colombo - 08.

For enquiries : ++ 94 11 2425777 – Ext 712 (Erosha)

2425766 / 0766536699 (Director)

2425755/0766536700 (Deputy Director)

mr@ibsl.lk

Bank Accounts Designated for payments

Bank Recounts Designated for payments		
Bank	Account no	Type of the Account
Bank of Ceylon	352265	Current
Commercial Bank	1100358501	Current
Hatton National Bank	115010128234	Current
People's Bank	309100182536729	Current
Sampath Bank PLC	2960000652	Current
National Savings Bank	109120101184	Savings

To: Director Member Relations Institute of Bankers of Sri Lanka

programmes.

TRAINING ATTENDANCE CONFIRMATION REPORT	
This is to certify that Mr./Mrs/ Miss	attach to the
(bank/ institutio	n) has attended the following training

	Name of the programme/ Seminar/ Workshop	Month & Year attended	Conducted by
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature of the attester:
Head of Human Resources / Training Manager/ Head of the Division or Branch
Tread of Truman Resources / Truming Managery Tread of the Division of Dranen
(Name and Official seal of the attester)
Date certified