



APPLICATION FORM



APPLICATION'S INSTRUCTIONS

- ❖ For the examination of this application is required to fill in all the details, a copy of your ID card or passport and a copy of your secondary education baccalaureate.
- ❖ To evaluate the request for the approval of any exemption(s) you are required to fill in Parts C & D and submit all relevant certificates including academic and professional qualifications. Undergraduates and/or postgraduates applicants are required to present their transcripts.
- ❖ Terms and conditions of exemptions depend as appropriate. For each request a distinct decision is taken.
- ❖ Ratification of approved exemptions requires the payment of the predetermined amount for each course, the admission fee and registration in at least one course. The admission fee is payable upon registration of courses and not by the submission of this application.
- ❖ To register to any courses you should fill the Course Registration Form.

Fill the Application Form in *Capital* letters

Last Name	First Name
<input type="text"/>	<input type="text"/>
ID or Passport Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A. REGISTRATION DETAILS

Semester for which you are applying:

Fall

Year

Spring

Year

Diploma for which you are applying:

ABA Certificate - General Banking

ICBC - Bank Financial Management Certificate

B. PERSONAL DETAILS

Home Address

Street/P.O Box		Number	Apt No.
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Area	City	Post Code
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Mail Address

(if different from the above)

Street/P.O Box		Number	Apt No.
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Area	City	Post Code
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Tel. (Work)

Tel. (Home)

Cell Phone

E-mail

Sex:

Female

Male

Birthday:

___/___/___

Employer

Position

Employment Date :

___/___/___

C. ACADEMIC QUALIFICATIONS

Secondary Education School

Secondary Education Degree

Field of Studies	Institution	Level of Studies	City/Country

D. PROFESSIONAL QUALIFICATIONS

Position	Company Name	Location	Person in charge

STATEMENT

I hereby declare that the above information is absolutely true and that I have not misrepresented or inaccurately represent any element or certificate submitted with this application. I also agree that with my registration at the Private Institute IBS Cyprus Ltd, I undertake to abide by the rules of study and regulations of operation of the Institute.

Further on I hereby declare that I am aware of the provisions of the Processing of Personal Data (Protection of Individuals), [138 (1) / 2001 act] as well as the EU General Data Protection Regulation (GDPR) and provide an explicit and unreserved and /or my irrevocable consent and authorize the Private Institute IBS Cyprus Ltd, to keep in electronic or any other form of one or more files of personal data within the meaning and application of the law, and which files concerning me and have been declared or will be declared. These records may be disclosed and kept in ICBS SA Greece and /or ABA America.

I also irrevocably consent such as IBS Cyprus Ltd may contact me with any form of communication.

Finally, I understand and accept that in order to maintain the validity of the professional ABA Banking Certificate that I will obtain I am required to participate in the Lifelong Learning - CPD seminar program of ABA.

Applicant's Signature: _____

Date: ____/____/____

FOR INTERNAL USE

CERTIFICATE IN GENERAL BANKING

Course	Credits	
General Accounting (BG103)	3	<input type="checkbox"/>
Marketing (BG533)	3	<input type="checkbox"/>
Number of Transfer credits <input type="checkbox"/>		Number of courses <input type="checkbox"/>
Program's Director Signature _____	Date ____/____/____	

For the submission of applications, please contact:

**IBS Cyprus Main Offices, 3 Kostaki Pantelidi str., 1st floor, 2057 Nicosia
P.O.Box 25331, 1308 Nicosia
Tel.: 22459090, Fax: 22664910**

Private Institute IBS Cyprus

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