



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

MICROFINANCE CERTIFICATION PROGRAMME EXAMINATION NOTICE COUNTERFOIL OCTOBER, 2010

NAME

MEMBERSHIP NO

EXAMINATION CENTRE

<p>STAPLE RECENT PASSPORT SIZE PHOTOGRAPH ENDORSED AND STAMPED AT THE BACK BY YOUR CHAIRMAN SHOWING DESIGNATION (USED PICTURES ARE NOT ACCEPTABLE)</p>
SIGNATURE

EXAMINATION NOTICE CARD OCTOBER, 2010

NB: Please use identical passport photographs



THE CHARTERED INSTITUTE OF BANKERS OF NIGERIA

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TEL: 01-2617674, 4617924 - FAX: 01-4618930 E-mail: cibn@cibng.org

MICROFINANCE CERTIFICATION PROGRAMME

NO. 2010 /

MEMBERSHIP NO.
<input type="text"/>

<p>STAPLE RECENT PASSPORT SIZE PHOTOGRAPH ENDORSED AND STAMPED AT THE BACK BY YOUR CHAIRMAN SHOWING DESIGNATION (USED PICTURES ARE NOT ACCEPTABLE)</p>
SIGNATURE

NOTICE TO CANDIDATES

- Candidates are to enter the centre and subjects they wish to sit for in the boxes below. Candidates are required to complete each section/stage of the Examination before proceeding to another. Please see syllabus for sequence of subjects.
- Candidates are to append their usual signature in the place provide below the passport column.

SUBJECTS ENTERED FOR

SUBJECT	CODE
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CENTRE : _____

EXAMINATION CENTRE ADDRESS:	FOR OFFICIAL USE-ONLY
<input type="text"/>	OFFICIAL STAMP/SIGNATURE

MICROFINANCE CERTIFICATION PROGRAMME

	Tuesday October, 5		Wednesday October, 6		Thursday October, 7	
TIME	9.00 a.m - 12 noon	2.00 p.m - 5.00 p.m	9.00 a.m - 12 noon	2.00 p.m - 5.00 p.m	9.00 a.m - 12 noon	2.00 p.m - 5.00 p.m
LEVEL 1	-----	-----	-----	Fundamentals of Microfinance Banking	Managing Microfinance Banks	Financial Analysis and Financial performance monitoring of MFBs