EXECUTIVE TRAINING PROGRAMME

ENROLMENT & PARTICIPANT REGISTRATION FORM

Please complete all applicable sections in BLOCK CAPITALS.

1. PROGRAMME & ENROLMENT DETAILS

Programme Title	
Programme / Course Code	
Preferred Delivery Mode	☐ Executive Classroom ☐ Live Virtual ☐ In-House / On-Site ☐ Hybrid
Preferred Programme Dates	
Preferred Training Location	
How did you hear about IBSF?	☐ IBSF Website ☐ Email ☐ Referral ☐ Partner ☐ LinkedIn/Social Media ☐ Other: _____

2. EXECUTIVE PARTICIPANT PROFILE

Title	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐ Eng. ☐ Other:
Full Legal Name	
Passport / ID No.:	
Nationality	
Email	
Mobile / WhatsApp	
LinkedIn / Professional Profile	

3. ORGANISATION & PROFESSIONAL INFORMATION

Organisation / Institution	
Job Title / Executive Position	
Department / Division	
Years of Professional Experience	☐ 1–5 ☐ 6–10 ☐ 11–15 ☐ 16–20 ☐ 20+
Industry / Sector	☐ Central Bank ☐ Commercial Bank ☐ Treasury/Government ☐ Financial Services ☐ Insurance ☐ Investment/Asset Management ☐ Public Sector ☐ Corporate ☐ Development Organisation ☐ Other: _____
Area of Responsibility / Specialisation	

4. EXECUTIVE DEVELOPMENT OBJECTIVES

Primary objectives — select up to five:

☐ Strategic leadership & decision-making
☐ Banking & financial management
☐ Regulatory compliance & financial crime
☐ Digital finance, FinTech & innovation
☐ Corporate governance & board effectiveness
☐ Risk management & enterprise resilience
☐ Monetary policy & macroeconomic analysis
☐ Treasury, markets & investment management

☐ Audit, assurance & financial oversight
☐ ESG, sustainability & climate finance
☐ Institutional capacity building
☐ Cybersecurity & technology risk
☐ Career advancement / executive development
☐ International benchmarking & best practice

What specific capability, challenge or institutional priority do you want this programme to address?

_____

_____

_____

_____

5. EDUCATION, QUALIFICATIONS & PROFESSIONAL CREDENTIALS

Highest Academic Qualification	
Institution / University	
Professional Qualifications	
Professional Certifications	
Professional / Board Memberships	
Relevant Executive Training	

6. SPONSORSHIP, BILLING & PAYMENT

Funding / Sponsorship	☐ Self ☐ Employer ☐ Government/Public Institution ☐ Sponsor/Donor ☐ Other:
Paying Organisation	
Billing Contact / Department	
Billing Email / Telephone	
Purchase Order / Reference No.	
Preferred Payment Method	☐ Bank Transfer ☐ Corporate Payment ☐ Other: _____
Invoice Required	☐ Yes ☐ No

7. TRAVEL, VISA & EXECUTIVE SUPPORT REQUIREMENTS

Visa / Invitation Letter Required	☐ Yes ☐ No ☐ Not Applicable
Arrival / Departure Assistance	☐ Yes ☐ No
Accommodation Assistance	☐ Yes ☐ No
Airport Transfer Assistance	☐ Yes ☐ No
Dietary Requirements	☐ None ☐ Vegetarian ☐ Halal ☐ Other: _____
Accessibility / Special Requirements	

8. EMERGENCY CONTACT

Full Name	
Relationship	
Mobile / WhatsApp	
Email	

9. EXECUTIVE LEARNING & PARTICIPATION AGREEMENT

☐ I confirm that the information provided in this form is accurate and complete.

☐ I understand that submission of this form is subject to programme availability and formal enrolment confirmation by IBSF.

☐ I agree to comply with IBSF programme rules, professional standards, attendance requirements and applicable payment terms.

☐ I understand that programme materials are provided for registered participants and may not be reproduced or distributed without authorisation.

☐ I consent to IBSF using my professional contact information for programme administration, learning communications and relevant executive education updates.

☐ I understand that any visa, travel, accommodation or third-party costs are subject to the applicable arrangements and terms communicated by IBSF.

10. EMPLOYER / PARTICIPANT DECLARATION & AUTHORISATION

I hereby declare that the information supplied in this enrolment form is true and complete. I confirm my intention to participate in the selected IBSF executive training programme and accept the applicable enrolment, payment, attendance and programme conditions communicated by IBSF.

Participant Name		**Signature**	
Date		**Place**	
Head of Department / Authorised Official		**Email**	
Director General/ CEO/ MD/ Chairman & Signature		**Official Stamp / Seal**	

11. IBSF ADMINISTRATION USE ONLY

Application Reference No.	_____	**Date Received**	_____
Programme Confirmed	☐ Yes ☐ No	**Enrolment Status**	☐ Pending ☐ Confirmed ☐ Waitlisted
Invoice No.	_____	**Payment Status**	☐ Pending ☐ Partial ☐ Paid
Admission / Confirmation	☐ Issued ☐ Pending	**Visa / Invitation**	☐ Issued ☐ Pending ☐ N/A
Training Coordinator	_____	**Registration Checked By**	_____
Remarks	_____	**Authorised By**	_____

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Completed applications should be submitted to IBSF, USA address if you are from USA, CANADA, South America OR To Africa and Asia Liaison office if you are participant from Africa, Asia or Europe.
All applications can also be submitted to ibsf@international-bsf.org