SOMALILAND INSTITUTE OF BANKING & FINANCE

معهد صوماليلاند للدّراسات المصرفيّة والماليّة

SLIBF PROGRAMMES REGISTRATION FORM

First: Personal Information

- Full Name (English): .....
- Nationality: .....
- Country: .....
- Address : .....

Second: Contact Information:

- Email Address: .....
- Mobile Number: .....

Third: Academic & Professional Information:

- Academic Qualification: .....
- Organization / Employer: .....
- Job Title / Function: .....
- Years of Experience: .....

Fourth: Professional Programme Selection

- Certified Islamic Banking Expert (CIBE) ☐
- Certified Islamic Insurance Expert (CIIE) ☐
- Certified Public Finance Expert (CPFE) ☐
- Institute Foundation Program (IFP) ☐

Fifth: Declaration:

I hereby confirm that all the information provided in this form is accurate and correct to the best of my knowledge.

- Applicant's Signature: .....
- Registration Date: .....

Contact us:

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