



## FELLOWSHIP NOMINATION FORM

**Personal Details to be completed by Nominee (please use block capitals)**

Surname of Nominee: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Email Address (**required**): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Home Phone No \_\_\_\_\_

Preferred mailing address (please tick) Business  Home

Category of current membership of The Chartered Institute of Bankers in Scotland (please tick)

Member  Associate  Student  Affiliate  N/A

Other Professional & Academic Qualifications

**(Please note: If not either MCIBS or ACIBS qualified, please also send in a copy of your C.V.)**

Please provide a brief resumé of your career:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this form will be used to nominate me for Fellowship of the Chartered Institute of Bankers in Scotland and, if the proposal is accepted, I will be happy to accept the appointment and to pay the appropriate annual subscription.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Proposer and seconder(s) should insert their details and sign overleaf)

Please note that this nomination requires the support of TWO current Fellows of The Chartered Institute of Bankers in Scotland i.e. either the proposer and one seconder OR two seconders if the proposer is not a Fellow.

## PROPOSAL

The candidate nominated overleaf satisfies the required personal and professional criteria and is hereby proposed for Fellowship of The Chartered Institute of Bankers in Scotland

Name of Proposer:

Title:

Job Title:

Employer's Name:

Work Address:

Postcode:

Work Phone No.:

Fellow of CIOBS Yes/No

Signature

Date

Seconders MUST be Fellows of The Chartered Institute of Bankers in Scotland

Name of Seconder:

Title:

Job Title:

Employer's Name:

Work Address:

Postcode:

Work Phone No.:

Fellow of CIOBS Yes/No

Signature

Date

If the proposer is NOT a Fellow of CIOBS please provide the details of a second supporting Fellow.

Name of Seconder:

Title:

Job Title:

Employer's Name:

Work Address:

Postcode:

Work Phone No.:

Fellow of CIOBS Yes/No

Signature

Date

Please forward completed forms to:

**Simon Thompson**  
**Chief Executive**  
**The Chartered Institute of Bankers in Scotland**  
**Drumsheugh House**  
**38b Drumsheugh Gardens**  
**EDINBURGH, EH3 7SW**