



**ASIAN INSTITUTE OF CHARTERED BANKERS
WITHDRAWAL FORM**

A) PERSONAL DETAILS	
Name (As per NRIC/Passport)	
NRIC	
AICB Membership Number	
Contact Number (Mobile)	
Email	
Bank Name & Account Number	
Employer	
L&D Name	
B) APPLICATION DETAILS	
Name of Qualification	
Name of Module	
Examination Date	
Date of Payment	
Reason for Withdrawal	<input type="checkbox"/> Chronic illness <input type="checkbox"/> Prolonged injuries <input type="checkbox"/> Death <input type="checkbox"/> Others (Please specify: _____)
Supporting Documents	<input type="checkbox"/> Medical letter <input type="checkbox"/> Others (Please specify: _____)
C) DECLARATION	
<p>I declare that the information given in this form is complete and correct. I consent to the Institute to make enquiries and/or seek information from third parties to verify the accuracy of the information given in this form.</p> <p>Signature: _____ Date: _____</p>	
D) EMPLOYER VERIFICATION (FOR PAYMENT MADE VIA BANK SPONSORSHIP ONLY)	
<p>This application is fully supported by the employer. To be signed by Head of Human Resource/ Learning and Development</p> <p>Signature: _____ Date: _____ Name: _____ Company Stamp: _____ Designation: _____</p>	