

**INDIAN INSTITUTE OF BANKING & FINANCE**

(ISO 21001:2018 Certified)

**NOMINATION FORM for BANKS/FIs**

 **Programme: “Next-Gen Compliance – KYC, AML & CFT Essentials for the Digital Age”**

**Date: 17th to 18th October 2025 (2 days) Programme Type: Virtual PARTICIPANTS NOMINATED:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.** | **Name (Mr./Ms./Mrs.)** | **Designation** | **Branch** | **Mobile No. and** | **E-mail** |
| **No** | **/Office** | **Land-Line No.** | (PERSONAL |
|  |  |  | AND OFFICIAL |
|  |  |  | MAIL ID |
|  |  |  | BOTH) \* |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

**\*LOGIN DETAILS OF THE PROGRAM SHALL BE SHARED ON PERSONAL MAIL ID.**

Bank/Organisation GST No.:

Address:

 \_ \_ \_ Pin Code Phone: Fax: \_ E-mail

Fee: Rs. 5,000/-per participant plus GST@18% i.e., Rs.900/- aggregating to **Rs.5,900/-**

(In case of TDS deduction, please send us the TDS certificate)

Programme fees may be remitted to the credit of the Institute’s account as given below:

* Name of the Account: Indian Institute of Banking and Finance
* Name of the Bank branch: State Bank of India, Vidya Vihar (West), Mumbai.
* Savings Account No: 36919200263 IFSC code: SBIN0011710
* (PAN No: AAATT3309D and GSTIN NO. 27AAATT3309D1ZS)

**(Kindly provide your GST Number in the nomination letter to facilitate the raising of the invoice)**

**Please send your nominations at the earliest to:**

**Dr. Thiruma Valavan A, Programme Coordinator & Deputy Director**

**Mobile: 95858 83789**

**Email:** **dd.trg2@iibf.org.in**



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**FORM FOR SELF-SPONSORED CANDIDATES**

**Programme: “Next-Gen Compliance – KYC, AML & CFT Essentials for the Digital Age” Date: 17th to 18th October 2025 (2 days) Programme Type: Virtual**

Details of nomination:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Name (Mr./Ms./ Mrs.)** | **Designation** | **Contact No. (Mobile)** | **E-mail (PERSONAL)** | **UTR NUMBER/DATE** |
| **1** |  |  |  |  |  |

Name of Bank/ FI employed with:

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Address of Bank/FI employed with:

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Fee: Rs. 5,000/-per participant plus GST@18% i.e., Rs.900/- aggregating to **Rs.5,900/-**

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* Savings Account No: 36919200263 IFSC code: SBIN0011710
* (PAN No: AAATT3309D and GSTIN NO. 27AAATT3309D1ZS)
* **(Please provide your GSTN (if any) in the nomination letter)**

**Please send your nominations at the earliest to:**

**Dr. Thiruma Valavan A, Programme Coordinator & Deputy Director**

**Mobile: 95858 83789**

**Email:** **dd.trg2@iibf.org.in**