

Tel: 01820318/423/301 Fax: 01822354 E-mail: student@icam.mw Website: www.icam.mw

### RE- REGISTRATION FORM (RR)

*Please complete this form if you have previously been registered as a student of the Institute*

PROGRAMME:  REGISTRATION NUMBER:

**Do not post cash. All payments by post should be by Cheque, Money or Postal Orders and made payable to  
The Institute of Chartered Accountants in Malawi.**

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND IN FULL**

#### 1. PERSONAL AND CONTACT DETAILS

Title (Mr, Mrs, Miss, Ms, or please specify if other)	<input type="text"/>				
Surname	<input type="text"/>	First Name(s)	<input type="text"/>		
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>		
Postal Address	<input type="text"/>		Gender	<input type="text"/>	
			Marital Status	<input type="text"/>	
			E-mail Address	<input type="text"/>	
			Tel. Number	<input type="text"/>	

#### 2. RE-REGISTRATION FEE STRUCTURE

Programme	<i>Certificate in Financial Accounting</i>	<i>Technician Diploma</i>	<i>CA(M) Knowledge Level</i>	<i>CA(M) Professional Level</i>	<i>CA(M) Advanced Level</i>
Fees MK	<b>17,400.00</b>	<b>24,000.00</b>	<b>48,000.00</b>	<b>48,000.00</b>	<b>48,000.00</b>

#### 3. DECLARATION

I .....declare that I have read and understood this declaration and undertake to observe and abide by the regulations which are now and may hereafter be in force from time to time for regulating students of the Institute.

I also acknowledge and agree that the Institute shall not be liable for any damage or loss resulting from any act of omission in connection with the entire process of handling of these examinations including but without prejudice to the handling here of marking, grading, assessing, compiling and advising the final marks thereof, whether caused by accident, negligence, error or carelessness or any other cause of whatsoever nature.

Signature:.....

Date:.....

#### 4. NOTES

1. Fees are subject to change without notice.
2. Fees are neither refundable nor transferrable.
3. Closing dates for receiving re-registration fees are: 31 March for June diet and 30 September for December diet.
4. Payment can be made direct into either of the Institute's bank accounts given below. Money paid through this method will only be recognized as re-registration fees **upon ICAM receiving your re-registration form (R-R) and a stamped deposit slip written at the front your name, address and registration number.**

The accounts' details are as follows:

(a) **ICAM Special Account, Account Number 632481, National Bank of Malawi, Victoria Avenue Service Centre, Blantyre.**

(b) **ICAM, Account Number 0970362417, First Merchant Bank (FMB), Haile Selassie Road Branch**

5. A cheque that is returned by the bank for whatever reason will attract a cash penalty of 50% on redemption.

This form plus fees should be returned to:

The Chief Executive Officer  
The Institute of Chartered Accountants in Malawi  
P.O. Box 1  
Blantyre

#### 5. FOR OFFICIAL USE ONLY

Receipt Number	
Amount Paid	
Date Paid	
Date entered in computer	
Signature of person entering	