

Tel: 01820318/01820423/301

Fax: 01822354

E-mail: student@icam.mw

Website: www.icam.mw

INITIAL REGISTRATION FORM (IR)

REGISTRATION NUMBER :(Please leave blank)

Do not post cash. All payments by post should be by Cheque, Money/Postal Orders and made payable to The Institute of Chartered Accountants in Malawi. Payment can also be made directly into the Institutes' bank account.

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS AND IN FULL

1. PROGRAMME APPLIED FOR (TICK)

Certificate in Financial Accounting

Chartered Accountant Malawi

Accounting Technician/Diploma

2. PERSONAL AND CONTACT DETAILS

Title (Mr, Mrs, Miss, Ms, or please specify if other)

Surname

Date of Birth

Marital Status

Postal
Address

First Name (s)

Nationality

Gender

E-mail Address

Phone Number(s)

3. EDUCATIONAL DETAILS/COURSES/QUALIFICATIONS GAINED

EXAMINING BODY (BODIES)	QUALIFICATION(S)	RESULTS	YEAR ATTAINED

4. DISABILITY

Any information disclosed will be treated in the strictest confidence and will not be passed on to any third party without your express consent.

Do you have a long term or permanent disability, health problem, indisposition or specific learning difficulty that might:

1. affect your exams and for which you require support from ICAM?
2. affect any service or facility offered by ICAM for which you may require support?

If you wish to notify ICAM of any such condition, please tick in this box and enclose supporting documents with this registration.

5. EXEMPTIONS APPLIED FOR

EXEMPTION	REASON FOR EXEMPTION

6. PLEASE TICK (√) TO CONFIRM THAT YOU HAVE ENCLOSED ALL OF THE FOLLOWING:

A. Registration fees:

- | | | | | | |
|-------------------------------------|--------------|--------------------------|--------------------|--------------|--------------------------|
| Certificate in Financial Accounting | - K17,400.00 | <input type="checkbox"/> | Professional Level | - K40,000.00 | <input type="checkbox"/> |
| Accounting Technician/Diploma | - K21,000.00 | <input type="checkbox"/> | Advanced Level | - K40,000.00 | <input type="checkbox"/> |
| Top-up on subscription from CIFA | - K12,000.00 | <input type="checkbox"/> | | | |
| CA(M) - Knowledge level | - K40,000.00 | <input type="checkbox"/> | | | |
| Top-up on subscription from Diploma | - K19,000.00 | <input type="checkbox"/> | | | |

B. Certified Copies of Educational/Academic Certificates

C. Two passport size photographs

D. Copy of marriage certificate(for married female if current name differs from that on educational certificate(s))

7. HOW DID YOU KNOW ABOUT ICAM?

- | | | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|---------------------------------|--------------------------|
| ICAM promotional event | <input type="checkbox"/> | Employer | <input type="checkbox"/> | ICAM advertisement in newspaper | <input type="checkbox"/> |
| School career advisor | <input type="checkbox"/> | Accountancy college | <input type="checkbox"/> | ICAM advertisement on radio/TV | <input type="checkbox"/> |
| Friend/relative/colleague | <input type="checkbox"/> | Career talk by ICAM | <input type="checkbox"/> | Other, please specify | |
| | | | | | |
| | | | | | |

8. HOW ARE YOU PREPARING FOR EXAMINATIONS

- | | | | |
|-------------------------------|--------------------------|-----------|--------------------------|
| Through college | <input type="checkbox"/> | On my own | <input type="checkbox"/> |
| If through college, Full time | <input type="checkbox"/> | | |
| Part time | <input type="checkbox"/> | | |

9. DECLARATION

Iundertake to observe and abide by the regulations, which are now and may hereafter be in force from time to time for regulating the examinations and students of the Institute.

I also acknowledge and agree that the Institute shall not be liable for damages or loss resulting from any act of omission in connection with the entire process of handling of 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:.....

ALL APPLICATIONS ACCOMPANIED BY RELEVANT DOCUMENTATION PLUS FEES SHOULD BE RETURNED TO:

The Chief Executive Officer
The Institute of Chartered Accountants in Malawi
Stansfield House, Haile Selassie Road
P.O. Box 1
Blantyre.

10. NOTES

1. Fees are neither refundable nor transferable.
2. Under no circumstances can a student withdraw or amend an examination entry after it has been accepted.
3. Closing dates for receiving examination fees: **31 March** for June diet and **30 September** for December diet.
4. Payments made through the bank will only be recognized as registration fees upon ICAM receiving your registration form and a stamped deposit slip written at the front your name, address and phone number.
The bank 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 Capital Bank, Blantyre Branch.**
5. A cheque that is returned by the bank for whatever reason will attract a cash penalty of **50%** on redemption.
6. The Certificate in Financial Accounting programme is supposed to be completed within a maximum of **4 consecutive sittings** (2 years) beginning with the sitting following the student's registration.
7. Accounting/1 and Communication must be passed before a student may attempt Accounting/2.
8. Students who have been offered exemptions **must pay exemption fees** before they sit any paper in a programme.
9. The Technician programme is supposed to be completed within a maximum of **20 consecutive sittings** (10 years) beginning with the sitting following the student's registration.
10. Students are encouraged to attempt examinations for the session immediately following their registration.
11. Copies of study manuals can be accessed for free on ICAM website www.icam.mw

11. FOR OFFICIAL USE ONLY

Receipt Number	
Amount Paid	
Date Paid	
Date entered in computer and signature of person entering data	