

PG/45/Vol. 1/12

20 December 2020

Dear Student

**RE: RENEWAL OF STUDENTSHIP – CHARTERED ACCOUNTANT MALAWI**

This is to remind you that your studentship with the Institute ends on **31 December 2020** and will be renewed on payment of the annual subscription fee of **K46,000.00** which falls due on **1 January 2021**. Failure to renew your studentship within the specified period will result into your removal from the students' register.

A student who has been removed from the register for non-payment of the annual subscription fee and wishes to re-register will be required to pay the re-registration fee applicable at the time. The re-registration fee is currently **K60,000.00**. Previous examination history will be re-assessed on the date of processing the re-registration.

Please return this letter together with your subscription fee of **K46,000 .00** to the above address. The closing date for receipting the annual subscription fee is **31 January 2021**. All payments by post should be by cheque, money orders or postal orders, crossed and made payable to the Institute of Chartered Accountants in Malawi (ICAM). **Please do not post cash. A cheque that is returned by the bank for whatever reason will attract a cash penalty of 50% on redemption.** Payment can also be made direct into the Institute's bank account. **Money paid through this method will only be recognized as annual subscription fees upon ICAM receiving your annual subscription form and a copy of a stamped bank deposit slip.** The account details are as follows:

- (a) **Account Name: ICAM Special Account, Account Number: 632481, National Bank of Malawi, Victoria Avenue Service Centre, Blantyre.**
- (b) **ICAM, Account Number 0970362417, First Capital Bank (FCB), Haile Selassie Road Branch. Blantyre.**

We look forward to receiving your subscription fee.

Yours faithfully

**C JERE (MRS)**  
For: **CHIEF EXECUTIVE OFFICER**

**To be completed by the student**

K.....Cheque/Postal Order No.:.....  
Student Name:.....Registration No.:.....  
Address:.....  
.....Telephone/Cellphone No.....

**FOR OFFICIAL USE ONLY**

RECEIPT NO.:..... DATE:.....  
ENTERED BY:..... VERIFIED BY.....

**NB: Permanent change of address should be communicated to the Institute in writing.**

Member of:

