

PG/45/Vol. 1/10

20 December 2021

Dear Student

RE: RENEWAL OF STUDENTSHIP – ACCOUNTING TECHNICIAN/DIPLOMATE

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 **K24,000.00** 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 **K28,000.00**. 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 **K24,000.00** 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) **Account Name: 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:

