P.O. Box 1, Blantyre •

♦ Website: www.icam.mw

Tel: (265) (0) 1 895 216 / 3217 /218 ♦

Email: icam@icam.mw

MARKS REVIEW REQUEST FORM

1. INSTRUCTIONS TO STUDENTS

(i) This form should be completed by candidates who wish to apply for a marks review service. The form should be received by ICAM within fourteen

(14) days after the date of release of the examination results.	Candidates must pay the relevant fees through the banks and should submit the forms using reliable courier. Incomplete application forms will not be processed.
(ii) The form should be delivered using reliable courier serv	vice providers. Email and other electronic media should NOT be used.
(iii) A marks review service fee shall be charged.	
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2. STUDENT INFORMATION	
Registration number	Postal address
Examination number	
Number of examination paper (s):	
Date of application	
Telephone number	Email
3. EXAMINATION PAPER(S) THAT YOU WISH TO HAVE MARKS REVI	EW FOR: Please tick (√)
CERTIFICATE IN FINANCIAL ACCOUNTING Fee per paper: K50, 000	
FA1 Business Communication FA2 Practical Mathematics & Comput	ing FA3 Business Knowledge FA4 Business Accounting
ACCOUNTING TECHNICIAN PROGRAMME Fee per paper: K60, 000	
T1.1 Accounting/1 T1.2 Communication	T1.3 Business Mathematics and Statistics T1.4 Business Law
T2.1 Accounting/2 T2.2 Economics	T2.3 Information Systems T2.4 Company Law
T3.1 Auditing T3.2 Costing & Budgetary Control	T3.3 Taxation T3.4 Management
CHARTERED ACCOUNTANT MALAWI	
LEVEL 1 Fee per paper K110, 000	
P1 Accounting Framework P2 Legal Framework	P3 Management Information P5 Assurance
P6 Principles of Taxation. P7 Business & Finance	P8 Financial Management Accounting Skills & Competence
LEVEL 2 Fee per paper K490, 000 P4 Financial Accounting	B3 Audit & Assurance B4 Tax Compliance
K180, 000 B1 Financial Management Management Management Management Management Management Management	Bo Addit a Assarance
B6 Business Strategy	
B5 Public Sector Accounting	
LEVEL 3 Fee per paper K484, 000 A2 Strategic Business Management	
A1 Corporate Reporting	
4 EVAMINATION DIST	
4. EXAMINATION DIET	<u></u>
(o.g. Jupo 2018)	

5. EXAMINATION CENTRE: (Blantyre / Lilongwe / Mzuzu / Zomba)	

6. REASONS FOR THE REQUEST		
0. REASONS FOR II	IE REQUEST	
7. Declaration		
1	hereby declare that:	
	n the confidentiality of this appeal.	
(ii) I shall accept t	he contents of the marks review report.	
(iii) I shall accept t	he marks review results as a true reflection of what I wrote.	
Signature	Date	
NOTES		
1.A marks review	is not a remark of your exam script.	
2. The results of the marks review shall be given to a candidate within 21 days from the closure of the application period.		
3.An individualized report on the candidate's performance shall be provided.		
4.The marks as given by ICAM shall be final.		
_	script remains the property of ICAM.	
	a marks review after the initial application period shall not be allowed.	
	I not be liable for any costs arising from the change of results as originally issued.	
OFFICIAL USE ON	LY	
Descint Number		
Receipt Number		
Amount Paid		
Date Paid		
Date processed		
Signature of Person processing the data		