

18 December 2023

Dear Student,

RE: RENEWAL OF STUDENTSHIP – CHARTERED ACCOUNTANT MALAWI

This is to remind you that your studentship with the Institute ends on **31 December 2023** and will be renewed on payment of the annual subscription fee of **K57, 500.00** which falls due on **1 January 2024**. 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 **K75, 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 **K57, 500.00** to the above address. The closing date for receipting the annual subscription fee is **31 January 2024**. All payments by post should be by cash bank deposit, MO 626, or crossed cheque 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), Blantyre Branch.**

We look forward to receiving your subscription fee.

Yours faithfully



CHRISSIE 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.