

**INITIAL REGISTRATION FORM (IR)**

REGISTRATION NUMBER: (Please leave blank)

Do not post cash. All payments by post should be by Cheque payable to The Institute of Chartered Accountants in Malawi.

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

First Name (s)

Date of Birth

Nationality

Marital Status

Gender

Postal Address

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:

- affect your exams and for which you require support from ICAM?
- 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.



## 9. DECLARATION

I .....undertake to observe and abide by the regulations, which are now and may be hereafter 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  
ICAM House,  
Masauko Chipembere Highway  
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
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 from other examining bodies/institutions who have been offered exemptions must pay exemption fees before they sit for any paper in the 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](http://www.icam.mw)
12. Payment Methods
  - (i) **National Bank of Malawi**
    - (a) Direct Cash Deposit into **ICAM Special Account**, Account Number **632481**, Victoria Avenue Centre, Blantyre.  
Walk onto the Teller and state that you are paying for registration fees  
Provide your registration number and programme of study i.e. CIFA, Tech, CA etc. **DO NOT FILL A DEPOSIT SLIP**
  - (ii) First Capital Bank  
**ICAM**, Account Number **0970362417**, , Blantyre Branch

## 11. FOR OFFICIAL USE ONLY

<b>Receipt Number</b>	
<b>Amount Paid</b>	
<b>Date Paid</b>	
<b>Date entered in computer and signature of person entering data</b>	