

RE-REGISTRATION FORM (R-R)

Please complete this form if you have previously been registered as a student of the Institute

COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND IN FULL

PROGRAMME:

REGISTRATION NUMBER :

1. PERSONAL AND CONTACT DETAILS

Title (Mr, Mrs, Miss, Ms, or please specify if other)

Surname

First name(s)

Date of birth

Nationality

Postal address (please provide an address that is currently in use)

Gender

Marital status

E-mail address

Phone number

2. RE-REGISTRATION FEE STRUCTURE

Programme	Certificate in Financial Accounting	Technician Diploma	CA Level 1	CA Level 2	CA Level 3
Fees MK	33,000	42,000	90,000	90,000	90,000

3. DECLARATION

Ideclare that I have read and understood this declaration and undertake to observe and abide by the regulations which are now and may hereafter be in force from time to time for regulating students of the Institute. I also acknowledge and agree that the Institute shall not be liable for any damage or loss resulting from any act of omission in connection with the entire process of handling of these 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:

4. NOTES

1. Fees are subject to change without notice.
2. Fees are neither refundable nor transferrable.
3. Closing date of receiving re-registration fees for **June diet is 31 March** and for **December diet is 31 August**.
4. Payment can be made direct into either of the Institute's bank accounts given below. Money paid through this method will only be recognized as re-registration fees **upon ICAM receiving your re-registration form (R-R) and a stamped deposit slip written at the front your name, address and registration number**.
5. Payment Methods
 - (i) **National Bank of Malawi**
 - (a) Direct Deposit into **ICAM Special Account**, Account Number **632481**, Victoria Avenue Service Centre, Blantyre.
Walk onto the teller and state that you are paying for re-registration fees
Provide your registration number and programme of study i.e. CIFA, Tech, CA etc. **DO NOT FILL A DEPOSIT SLIP**
 - (b) Using Mo626 ice
Dial *626#
Select 3 - Make payments
Select 11 - ICAM Payments
Select 3 - Students
Select a service you are paying for
Enter your account number (For account number - Enter your ICAM registration number)
DO NOT TRANSFER MONEY THROUGH Mo626 ice DIRECTLY INTO ACCOUNT NUMBER 632481
 - (ii) **First Capital Bank**
ICAM, Account Number **0970362417**, Blantyre Branch
 - (iii) **TNM Mpamba**
Dial *444# and follow prompts
(For account number - Enter your ICAM registration number)
6. A cheque that is returned by the bank for whatever reason will attract a cash penalty of 50% on redemption.

This form plus fees should be sent to:

The Chief Executive Officer
The Institute of Chartered Accountants in Malawi
P.O. Box 1
Blantyre

5. FOR OFFICIAL USE ONLY

Receipt number	
Amount paid	
Date paid	
Date entered in computer	
Signature of person entering data	