Dear Prospective Member

ICAM MEMBERSHIP

We would like to advise you that to avoid delays in processing your application for membership, you need to ensure that you have provided the following:

- 1. The application should be sponsored by two existing members of ICAM (proposer and seconder).
- 2. Copies of certificates of your professional qualifications. At least one of your sponsors or Commissioner of Oaths needs to write on the copy certificates that he/she has seen the original. The sponsor should then sign for this statement and indicate his/her mailing address.
- 3. You need to provide a detailed Curriculum Vitae.
- 4. Your employers should provide a letter of reference in support of your membership and should comment specifically on the following:-
 - Your skill and competence;
 - The nature and extent of accountancy duties undertaken by you;
 - Responsibilities undertaken by you;
 - Your attitude to work:
 - Your ability to exercise judgement; and
 - The extent to which you have developed a professional approach to work.
- 5. Application fees, which should be inclusive of entrance fees, MAB fees and ICAM subscription fees. All cheques should be payable to ICAM.

We wish you all the best.

Yours faithfully

CHIEF EXECUTIVE OFFICER

Passport Photo

THE INSTITUTE OF CHARTERED ACCOUNTANTS IN MALAWI P O BOX 1, BLANTYRE, MALAWI

NON-PRACTISING MEMBERSHIP APPLICATION FORM

1.	PER:	SONAL INFORMATION						
	(a)	Surname (block letters)						
	(b)	Other names (block letters)						
	(c)	Title (Prof., Dr, Rev, Mr, M/s, etc)						
	(d) (e) (f)	Date of Birth NationalityAcademic Qualifications(submit certified copies of certificates)						
	(g) (h)	Membership of Other Professional Bodies (submit copies of certificates certified by two sponsors)						
	(i)	Mailing Address						
	(j)	Telephone (O)(Cell)(H)						
	(k)	Fax						
	(I)	E-mail						
2.	LATI	LATEST EMPLOYMENT INFORMATION						
	(a)	Name and Address of Employer						
	(b)	Nature of Employer's Business (e.g. Practice, Agriculture, Retail, Banking, Transportation, etc.						
	(c)	Size of employer's organisation (approximate number of employees)						
	(d)	Your Current Job Title						
	(e)	Duties(e.g. General Management, Accounting, Auditing, Taxation, etc)						
	(f)	Period of Practical Experience Accumulated in Days to Date						

3. **SPONSORS**

You are required to identify at least two sponsors who must be Practising or Non-Practising members of the Institute. The proposer must be a member who has had the opportunity to monitor/assess your work in the normal course of his/her duties such as your training principal, Finance Manager or your auditor.

THE INSTITUTE OF CHARTERED ACCOUNTANTS IN MALAWI

(a)	Proposer:	NameCertificate NoCategory of MembershipAddress					
		I,					
		Signature Date					
(b)	Seconder:	NameCertificate NoCategory of MembershipAddress.					
		Declaration: !,having known for (number of years) years, am satisfied that he/she holds a qualification(s) recognised by the Institute and in my opinion he/she is a fit and proper person for membership of the Society and satisfies the requirements for Non Practising Resident membership.					
		Signature Date					
	e enclosed a	cheque for K in payment for entrance fees and annual ICAM and for registration to Malawi Accountants Board.					
I, qualifi requir and A Chart on this as a	ication recog ed for Non Po Articles of Assered Account s form is true Non-Practisin	am a holder of an accounting nised by the Institute and have the minimum practical experience ractising membership. I am aware of the contents of the Memorandum sociation as well as the Ethical Code and By-laws of the Institute of ants in Malawi, and do hereby certify that the information given by me and correct in every detail and do undertake, in the event of my election and member of the Institute, to observe the contents of the aforesaid Articles of Association and Ethical Code and By-laws.					
Signa	ture	Date					

APPLICATION GUIDANCE (NON PRACTISING MEMBERSHIP)

A. General

The overall requirements you need to satisfy in order to be considered as a Non Practising member of the Institute are:

- You must be in possession of such professional qualification(s) recognized by ICAM or must have passed the Institute's final professional examination and training approved by the ICAM Council.
- 2. You must have gained a minimum of 500 working days relevant practical experience. (See B below).
- 3. You must submit a comprehensive record of practical experience.
- You must complete an appropriate membership application form duty signed by two ICAM members and submit it together with a reference letter from your employer or sponsor. (See C below)
- 5. You must submit copies of accounting professional certificates certified as genuine copies by your two sponsors.
- 6. You must pay membership application fees which may vary from time to time.

B. **Practical Experience**

Your record of practical experience must be clear and concise so that it is easy to ascertain the type of experience gained and also the period over which the experience was gained.

(i) Applicants with experience from Public Practice

You will be expected to have gained practical experience in at least 3 of the following areas (experience in at least two of the areas must be in great depth):

- Financial Accounting
- Auditing
- Taxation
- Financial Management and Management Accounting
- (ii) Applicants with experience from Industry, Commerce and Public Sector

You will be expected to have gained experience in all of the following areas:

- Basic Accounting
- Management Accounting
- Decision making
- Other areas e.g. Personnel

Production, Marketing Information Systems

You must also prove that you have practical experience of not less than 150 working days in basic accounting and management accounting.

C. <u>Guidelines for Employers and</u> <u>Sponsors Providing Letters of Reference</u>

In addition to completing examinations, successful applicants are required to satisfy the Council of ICAM that their accountancy experience has been of a responsible nature, and of a scope and character appropriate to a professional qualification.

Referees are therefore kindly asked to provide comments on the applicant, taking into account the following points:

- skill and competence in accountancy
- nature and extent of the accountancy duties undertaken
- responsibilities undertaken
- attitude to work
- ability to exercise judgement
- extent to which a professional approach to work has been developed
- C. If you have any queries please contact the Secretariat.

ICAM P O BOX 1 BLANTYRE

Email: icam@icam.mw

TEL: 01 895216/217/218

THE INSTITUTE OF CHARTEREDACCOUNTANTS IN MALAWI P O BOX 1 BLANTYRE

MEMBERSHIP APPLICATIONS - PROCESSING CHECKLIST

Category of Membership							
Applicant's Name							
Membership of Professional Bodies							
Have certificates been submitted?							
Are certificates certified by a sponsor?							
Is application sponsored by two ICAM members?							
Has a comprehensive record of experience been submitted?							
Is relevant practical experience adequate?							
Has a letter of recommendation been received?							
Has fees been paid?							
Recommendation for Council's approval by the Membership Admissions Committee on							
Signed on behalf of the Committee by							
Approved for admission by Council on							
President's Signature							
Date:							

THE INSTITUTE OF CHARTERED ACCOUNTANTS IN MALAWI (ICAM)

ICAM SUBSCRIPTION FEES FOR 2025

	ICAM MEMBERSHIP FEES	MAB FEES	SUB- TOTAL	ENTRANCE FEES	TOTAL FEES PAYABLE
	K	K	K	K	K
Resident Practising	430,434.80	64,565.20	495,000.00	72,600.00	567,600.00
Non Resident Practising	430,434.80	64,565.20	495,000.00	72,600.00	567,600.00
Resident Non Practising	350,434.80	52,565.20	403,000.00	72,600.00	475,600.00
Non Resident Non Practising	350,434.80	52,565.20	403,000.00	72,600.00	475,600.00
Diplomate	102,608.70	15,391.30	118,000.00	72,600.00	190,600.00