

**RE- REGISTRATION FORM (RR)**

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

PROGRAMME:  REGISTRATION NUMBER:

**Do not post cash. All payments by post should be by Cheque, Money or Postal Orders and made payable to The Institute of Chartered Accountants in Malawi.**

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS AND IN FULL**

**1. 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

Marital Status

E-mail Address

Tel. Number

**2. RE-REGISTRATION FEE STRUCTURE**

Programme	<i>Certificate in Financial Accounting</i>	<i>Accounting Technician</i>	<i>CA(M) Knowledge Level</i>	<i>CA(M) Professional Level</i>	<i>CA(M) Advanced Level</i>
Fees MK	<b>10,000.00</b>	<b>15,000.00</b>	<b>35,000.00</b>	<b>35,000.00</b>	<b>35,000.00</b>

**3. DECLARATION**

I .....declare 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 returnable.
3. Closing dates for receiving Re-registration fees are: 31 March for June diet and 30 September for December diet.
4. 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 returned 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	