



MALAWI COLLEGE OF ACCOUNTANCY

STUDENT APPLICATION FORM

Please download this application form, complete it and submit it to any of the following addresses:

Malawi College of Accountancy,
Ginnery Corner,
P.O. Box 30644,
Blantyre 3.
Malawi
Tel: No (265)1 871411
Fax: No (265)1 871853
E-mail: mcabt@globemw.net

MCA Lilongwe Campus
P.O Box 30363
Lilongwe 3

Tel No: (265) 1 788 333
Fax No: (265) 1 788 202
Email: mcac@globemw.net

1 PERSONAL DETAILS

Surname _____ (Mr/Mrs/Ms/Dr/Rev/Sir) Date of Birth / /

First name _____

Other Names _____

Academic Qual. _____
(Attach photocopies of qualifications)

Professional Qual. _____

2 STUDENT ADDRESS

Postal address _____

Tel/Cell.

Permanent Address _____

Cell/Tel Fax

3 COURSE

Course for which you are applying _____ (Tick subjects overleaf)

4 YOUR CHOICE OF STUDY CENTRE

Blantyre Lilongwe

5 MODE OF STUDY

Full time Day release Evening Weekend

6 Accommodation required? (*BT only*) Yes No

7 **SPONSOR**
Organisation _____ Contact _____

8 **EMPLOYMENT**
Organisation _____
Address _____
Nature of Job _____
(Name of contact person)
Tel. Fax
Position _____

9 **CONTINUING STUDENT**
MCA No. PAEC/ACCA/CIMA No.

10 **DECLARATION**
I certify that the information given on this form is true to the best of my knowledge.
Signature _____ Date _____

I/We agree to pay the College's tuition fees and other examination or registration fees that may be due to the PAEC (M)/ ACCA/ CIMA or other relevant examining body in relation to examinations. I/We agree to meet accommodation charges (where accommodation is provided by the College) and be bound by the relevant conditions thereto. I/We confirm that the student will be released to attend the course.

Sponsors/Employers Name _____ Date & _____
Position _____ Signature _____