



# MALAWI COLLEGE OF ACCOUNTANCY

P. O. Box 30644

Chichiri

Blantyre 3

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Email: mcabt@globemw.net

P. O. Box 30363

Capital City

Lilongwe 3

Tel: 01 788314

Fax: 01 788202

Email: mcal@globemw.net

## CERTIFICATE IN FINANCIAL MANAGEMENT APPLICATION FORM

### 1 PERSONAL DETAILS

Title  Surname \_\_\_\_\_ Firstname \_\_\_\_\_

Other names \_\_\_\_\_ Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_

Academic Qual. \_\_\_\_\_ Professional Qual. \_\_\_\_\_

(Attach photocopies of qualifications)

### 2 STUDENT ADDRESS

Contact address \_\_\_\_\_

Tel.

Fax.

Permanent address \_\_\_\_\_

Tel.

Fax

### 3 CENTRE OF STUDY

Blantyre

Lilongwe

### 4 EMPLOYMENT

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Nature of Job \_\_\_\_\_

Tel.

Fax

Position \_\_\_\_\_

### 5 SPONSOR'S / EMPLOYER'S DECLARATION

Sponsors' Name/ Organisation \_\_\_\_\_ Title \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 6 STUDENT'S 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. I/We confirm that the student will be released to attend the course, and that the student will be bound by the terms and conditions applicable to all the college's students.

Sponsor's/Employer's Name \_\_\_\_\_ Position \_\_\_\_\_ Date & Signature \_\_\_\_\_

<b>PROGRAMME AND SUBJECTS</b>					
		<i>(Tick appropriate box)</i>			
				<b>Enrolling</b>	
				<b>for</b>	
<b>Certificate in Financial Management</b>					
	Interpretation of Financial Statements (IFS)				
	Budgeting and Budgetary Control (BBC)				
	Financial Management (FM)				
	Ethics and Governance (EG)				