



# MALAWI COLLEGE OF ACCOUNTANCY

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P.O Box 1331  
Mzuzu  
Tel: 01 310 101

## STUDENT REGISTRATION FORM

### A PERSONAL DETAILS

Title  Surname \_\_\_\_\_ First Name \_\_\_\_\_

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

Academic Qual. \_\_\_\_\_ Professional Qual. \_\_\_\_\_  
(Attach photocopies of qualifications)

Contact address \_\_\_\_\_ Tel.  Fax.

### B COURSE APPLIED \_\_\_\_\_ (Tick subjects overleaf)

SEMESTER January – June  Year   
July – December  Year   
CENTRE OF STUDY Blantyre  Lilongwe  Mzuzu

MODE OF STUDY Full time  Day release  Weekend  Evening

### C ACCOMMODATION REQUIRED? (BT ONLY)

(If required – payment is required upfront)

Yes  No

### D EMPLOYMENT

Organisation \_\_\_\_\_ Tel.   
Address \_\_\_\_\_ Fax   
Nature of Job \_\_\_\_\_ Position \_\_\_\_\_

### E MEDICAL HISTORY / DISABILITY \_\_\_\_\_

Type of Illness \_\_\_\_\_ Type of Disability \_\_\_\_\_

### F STUDENT'S DECLARATION

I certify that the information given on this form is true to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: The subjects enrolled for are binding, therefore, MCA being a legalised institution will neither give refund nor allow deferments.**

### G SPONSOR'S / EMPLOYER'S DECLARATION

Sponsor's Name/ Organisation \_\_\_\_\_ Title \_\_\_\_\_ Position \_\_\_\_\_

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

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