



# MALAWI COLLEGE OF ACCOUNTANCY

P.O Box 30644

Chichiri

Blantyre 3

Tel.: 0111 871 411

Fax.: 01 871 853

Email: [mcabt@mca.ac.mw](mailto:mcabt@mca.ac.mw)

P. O Box 30363

Capital City

Lilongwe 3

Tel.: 0111 788 314

Fax.: 01 788 202

Email: [mcall@mca.ac.mw](mailto:mcall@mca.ac.mw)

P. O Box 1331

Mzuzu

St. John's Nursing School premises

Tel: 0111 310 101

Email: [mcamz@mca.ac.mw](mailto:mcamz@mca.ac.mw)

Passport  
photo

## MATURE ENTRY APPLICATION FORM 2024 - 2025 ACADEMIC YEAR

### A. PERSONAL DETAILS

i. Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initials \_\_\_\_\_

ii. Sex: Female  Male  iii. Date of Birth  iv. Nationality

Contract Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

v. Next of Kin Address \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

### B. PROGRAMME APPLIED FOR

MODE OF STUDY (Please tick) Full-time  Weekend  Evening  ODEL

CAMPUS (Please tick) Blantyre  Lilongwe  Mzuzu

### C. QUALIFICATION RECORD

i. Degree/Diploma \_\_\_\_\_

School/Board \_\_\_\_\_ Year: \_\_\_\_\_

ii. MSCE  O-Level  A-Level  Other (Please specify)

#### Subjects Written and Grades obtained (best 6).

1 <sup>st</sup> Attempt		2 <sup>nd</sup> Attempt		3 <sup>rd</sup> Attempt	
Subject	Grade	Subject	Grade	Subject	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### iii. other relevant qualifications:

\_\_\_\_\_ Year \_\_\_\_\_ School/Board \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_ School/Board \_\_\_\_\_

### D. COMMITMENT FROM SPONSOR

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### D. HOW DID YOU LEARN ABOUT MCA AND THIS PROGRAMME (Tick all that apply)

1). Newspaper      2) Radio advert      3) TV      4) Word of Mouth/Heard from a friend

**E. EMPLOYMENT RECORD**

Name of Employer <i>(start with the recent employer)</i>	Position Held	Dates	
		From	To

Please state any disability you have \_\_\_\_\_

*I certify that the information given above is true and it is to the best of my knowledge.*

Signature:..... Date:.....

**FEES:** Deposit a Non-Refundable Application Fee of **K15,000.00** to either of the following Bank Accounts: **Bank Name:** National Bank of Malawi. **Branch:** Chichiri Branch **Account Name:** Malawi College of Accountancy: **Account No.** 695696 or **Bank Name:** National Bank of Malawi. **Branch:** Capital City Branch **Account Name:** Malawi College of Accountancy: **Account No.** 1040545.

*The application form, certified copies of certificates, a copy of the National ID and one copy of the deposit slip should be dropped at any of the College’s campuses.*

PROGRAMME INFORMATION	DURATION	ABBREVIATION	ENTRY REQUIREMENTS
Bachelor of Business Management and Entrepreneurship	2 – 4 Years	BBME	Six MSCE/O-level credits including English and Mathematics plus a Business-related Diploma with 2 Years Post Qualification Experience.
Bachelor of Applied Accounting, Auditing and Information Systems.	2 – 4 Years	BAAAIS	Six MSCE/O-level credits including English and Mathematics plus an Accountancy-Related Diploma with 2 Years Post Qualification Experience.
Bachelor of Management Information Systems	2 – 4 Years	BMIS	Six MSCE/O-level credits including English and Mathematics plus an Information Systems Diploma with 2 Years Post Qualification Experience.
Bachelor of Marketing and Public Relations	2 – 4 Years	BMPR	Six MSCE/O-level credits including English and Mathematics plus a Marketing-Related Diploma with 2 Years Post Qualification Experience.
Bachelor of Banking and Financial Services Management	2 – 4 Years	BBFSM	Six MSCE/O-level credits including English and Mathematics plus a Banking-Related Diploma with 2 Years Post Qualification Experience.