

INSTITUTE OF CERTIFIED MANAGEMENT ACCOUNTANTS OF SRI LANKA Incorporated by Parliament Act No. 23 of 2009

Photograph exceeding this size will not be accepted

Please paste photograph (3.0cm x 2.5cm)

APPLICATION FOR STUDENT REGISTRATION

(Please read carefully and understand properly the instructions given in page iii before completion of this application)

PERS	SONAL DATA				For Office Use O	nly		
1. F	Full Name :				Application No. Date			
					Received			
	(Strictly	ficate)	Registration No.					
1.1 N	Name with initials :		Name		Initials			
1	Title: Mr. Miss.	Mrs						
	("Name" which is the last part of the full name should be written along the dotted line, and "Initials" which denote the other parts of the full name, given under No.1 above, should be written in the cages meant for initials)							
	Ye	ar Mon	th Date					
2. [Date of Birth:		3	B. NIC NO.				
CON	NTACT DETAILS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
σ 4.	Permanent Address				District			
5.	Mailing Address				Province			
6. E	E-mail: Compulsory							
	Hol	me	Office					
7. 1	Tele :			Mobile:				
EDU	JCATION							
8. 7	The Category under whi	ch Registration is	Sought					
	9.1 G.C.E. A/L		Please select only 9.3 Graduate	one cage and mark "x" 9.5 Mature	Entry			
	9.2 Undegrade		9.4 Professional		ЕСПИУ			
9. F	Performance at G.C.E. (O/L) Examination		Performance at G.C.E. (A/	L) Examination			
$ \ $	Subject	G	irading	Cubicat	Gradi			
	Subject	1st Attemp	t Subsequent attempt	Subject	1st Attempt	Subsequent attempt		
1.				1.				
3				3.				
4				4.				
5				G.C.E. (O/L) Examination	School:			
7				G.C.E. (A/L) Examination	School:			
8				- C.O.E. (772) Examination				
9								
10. F	Performance at Universi	ty Examinations (I	f applicable):		Level of Performa (Please Mark "x			
	Examinations Passed				Ordinary Pass			
	Course of Study			2nd Class Lower 2nd Class Upper				
	University	-						
	Year	1			1st Class			
11. F 	Performance at Professional	onal Examinations	s (If applicable):					
	Qualification	1						
	Stage/Stages Passed							
	Year							

EMPLOYMENT							
12. Present Employment (If applicable)							
[Please mark "x"						
	12.1 Govt. Dept.			Private Sector		\sqcup	12.5 Not Employed
	12.2 Public Corporation	on	12.4	Self Employed	d		12.6 Others
Details of En							
Name of Orga	nization						
Office Address							
Designation /							
Experience in Environment - period (If application)	Nature of duties and						
FEES							
my initia	l Registration Fee a	nd Annual S	ubscrip	ption for one	year / two	year	branch of People's Bank being rs. Duplicate paying - in slip and the Special
BACKGRO	UND INFORMATION	ON				1	
N T C T S	did you get to know lewspaper / TV / Rad brough Awareness F conducted in Schools e of Learning CMA self Study u are following classe	lio Programmes /Colleges		Accredited E Education E Banners/Han Classes name of institu	xhibition ndbills		Through Friend/ Word of Mouth Other e-learning
DECLARAT	ION						
16. I hereby certify that the information given by me in this application is true and correct. I shall abide by decisions of the Governing Council on all matters affecting discipline and examinations. I agree that the Institute has the right to terminate my student registration at any time. Signature of Applicant							
ATTESTATI	ON						
17. I certify that Mr/Mrs/Miss							
Date:							Signature of Attestor Official Stamp
Name of Atte	estor						
Designation							
	/Company/Firm						
Address							
							t-law, Government Servant at Officer Level, School different from that of the applicant.

DOCUMENTS

- 16. Following Documents are annexed
 - 16.1 Certified Photocopies of the Educational/Professional Qualifications under which registration is sought, together with certified photocopies of other Professional/University Qualifications under which exemptions are sought.
 - 16.2 Certified Photocopy of Birth Certificate & NIC
 - 16.3 Two stamp size (3.0cm x 2.5cm) colour photographs one of which is certified on the reverse by the person who attested the application. (The other photograph is pasted to the application)
- 16.4 The duplicate of the paying-in-slip for the registration fee and the annual subscription fee together with the special payment voucher obtained from the relevant Branch of the People's Bank upon depositing the money.

 * 16.5 Special Educational needs and Disabilities – (Please submit Medical and related Educational documents)

INSTRUCTIONS

- (1) This application should be completed in BLOCK LETTERS, LEGIBLY and NEATLY. (2) Full name should be written strictly in accordance with the Birth Certificate. When writing the name with initials "Name" which is the last part of the full name should be written along the dotted line, and initials which denote the other parts of the full name should be written in the cages meant for "Initials"
- (3) If your name is indicated in different ways in different documents submitted, please submit an affidavit properly attested by a JP. However, your name has to be used in your application strictly in accordance with the Birth Certificate.
- (4) A married female student using her name together with a part of her husband's name should submit a certified photocopy of her Marriage Certificate.
- (5) Photocopies submitted should be certified by the attester under his/her official stamp which indicates his/her name and other relevant particulars.
- (6) When submitting photocopies of Birth Certificate, NIC, G.C.E. A/L & G.C.E. O/L Certificates/ Results Sheets, both sides of the documents should be photocopied and certified.

- (7) Photocopies submitted should be neat and clear.
- (8) Student's copy of the Special Payment Voucher (SPV) endorsed by an Authorized Bank Officer together with the Duplicate Paying-in-Slip should be attached to the application.
- (9) The SPV used to pay the Registration Fee and Annual Subscription Fee should not be used to make any other payment.
- (10) Only the two payments mentioned in No.10 above should be made at the time of submitting the "Application For Student registration".
- (11) Those who apply for Registration under Mature Entry Should submit a letter from the employer,
 - indicating the number of years of experience in an accounting environment, the nature of duties performed, and
 - recommending the applicant for the CMA course of study under Mature Entry.

NOTE: Please fill this Application and sent to logistic.officer@cma-srilanka.org For more details contact - 0762119698/ 0778833363

TP 1

IMPORTANT

Please exercise due care to complete the application legibly and neatly. Applications, Completed in illegible/clumsy handwriting, Not fully completed,

- Submitted without necessary documents,
- Submitted without a Special Payment Voucher properly endorsed by an Authorized Bank Officer and the Duplicate
- Paying-in-Slip for the correct Registration fee and Subscription fee,
- Submitted together with a photograph which is not certified, (The photograph not pasted to the application)
- Submitted contrary to the instructions given,

Will not be entertained.

Payment Code	Computer Centre	Payment Code		
	CCA Registration	CR 1		
RE 1	CCA Examination	CE 2		
SU 2	CMA ITA Practical Course	CP 3		
tion - CMA EM 3		CI 4		
EX 4				
ST 5	<u>Members - AMA</u>			
	Members Registration - AMA	RA 1		
	Members Subscription - AMA	SA 2		
DO 6	Members - CMA			
	monnooro onn i			
	Member Registration New - CMA	MR 1		
SG 8		MS 2		
SY 9	-	MI 3		
GC 1		TL 4		
EL 2		CO 5		
CL 3	0.1111100000000000000000000000000000000	SE 6		
CN 4	CMA PER KIT - Guide/Log Book	PG 7		
	RE 1 SU 2 EM 3 EX 4 ST 5 PS 6 DI 7 SG 8 SY 9 GC 1 EL 2 CL 3	Code COMPUTER CENTRE CCA Registration CCA Examination CMA ITA Practical Course CMA ITA Practical Exam EX 4 ST 5 Members - AMA Members Registration - AMA Members Subscription - AMA Members Subscription - AMA Members - CMA Member Registration New - CMA Members' ID GC 1 FL 2 CMA Code of Ethics Seminar / Workshop		

CMA Speechcraft Prog

වහජන බැංකූව තැන්පතු පත மக்கள் வங்கி வைப்புச் சீட்டு Institute of Certified Management				Bar	nk Copy
PEOPLE'S BANK DEPOSIT SLIP Accountants of Sri Lanka		දිනය නියනි Date	DD M	M	YYYY
ශිණුම් හිමියා හැර වෙතත් අංගකු විසින් කරනු ඉමන තැන්පතු සඳහා පමනක් පහත විස්තර සම්පූර්ණ කරන්න./කළේ.නිල්ණයණනෙක ඉණා ඉකණාගණනේකෙන් බැණයක්කෙන් කණාරුණයකුණනය ගැන්නිල්ල විශ්කතුම න්රාල්ණයක්කැල්ලින් මාරායාලේ/Give the following information only when a deposit is made by a person other than the Account Holder	තෝට්ටු தாள்கள்	17400	රුපියල් ලුඩා		ඉත சதப்
லை/பெயர்/Name	Notes ×5000		Rs.	П	Cts
தித்தை/முக்களி/Address	×2000			\blacksquare	
	×1000	+++	+++	++	+++
රා.නැ.ව. අයය/ලිළු.அ.ඉ.ඹ. NIC NO. Payment Code(See Reverse Side)	×200			+	+++
Reference // K E I	×100				
Reg/Mem No. දුරකටන මුලාකාන Tel	×50	\perp	$\perp \perp \perp$	\perp	+
මුදු ලැපැවිත්/ශණණයිකය මුදු අතුවත්/ශණණයිකය මොසුයේ	×20	+++	+++	++	+++
Amount in words [Incomplete & incorrect forms may be rejected.]	codi/ gnemuricosh/ Coins	+++	+++	+	+++
යන්නු මුදාව ඇත්නම් වලංගයි இயந்திர பதிவு அல்லது உந்தியோகபூர்வ கைபொப்பத்துடன் செல்லுபடியாகும் Valid if Overprinted or Signed by an Office	වසතුව/ Gunggul/Total				
මහජන බැංකුව තැන්පතු පත					Checked b
மக்கள் வங்கி people's bank DEPOSIT SLIP CMA Accountants of Sri Lanka	t	දිනය නියනි		Instil	tute Cop
ශිණුම් හිමියා හැර වෙතත් අයෙකු විසින් කරනු ළමන තැන්පතු සඳහා පමනක් පහත විස්තර සම්පූර්ණ කරන්න./කළුණුණුරුවණණණණණ ළණුරුණණණණණණ මණුරුණණණණණණ මණුරුණණණණණණ මණුරුණණණක්වූණීම් වේදා සමුත් අත්වාස්තරය සම්පූර්ණ කරනුවූණණණණණ සාවුණ්ණණක්වූණීම් වේදා සමුත් ප්‍රතිශ්ව සම්පූර්ණ කරනුවූණණණණණ සමුත්	තෝට්ටු தாள்கள்	Date	රුපියල් ලූuii	111/8	ශප අ <u>გ</u>
∞в/G⊔шіт/Name	Notes ×5000		Rs.	\top	Cts
	×2000				
®சிவ⊿/முகவரி/Address	×1000	+++	+	+	+
து தட்ட முக்க / தே.அ.அ.இல். NIC NO. Payment Code(See Reverse Side)	×500	+++		+	+
Reference / RE1	×100	+++		\top	+
Reg/Mem No.	×50				
මුදල අතුරිත්/නঞ্চাන්ණියන பண கைபொளின் கைபொப்பம்	×20	+++	+++	+	+
Gorghadio Amount in words Depositor's Signature/ (Incomplete & incorrect forms may be rejected.)	සායි/ ජූතනයන්යන්/	+++	+++	+	+
යන්නු මුදාව ඇත්තම් වලංගයි இயந்திர பதிவு அஸ்லது உத்தியோகபூர்வ கையொப்பத்துடன் செல்லுபடியாகும் Valid if Overprinted or Signed by an Office	Coins එකතුව Gunggub/Total	+		\top	\Box
					Checked
<mark>වங்கள் பெற்ற</mark> கூல் கூற கூற வெற்புச் சீட்டு மக்கள் வங்கி people's bank DEPOSIT SLIP CMA Institute of Certified Management Accountants of Sri Lanka	t	දිනය නියනි Date	DD N	Stud 1M	ent Cop
ගිණුම් හිමියා හැර වෙතත් අපයකු විසින් කරනු ඉතින තැන්පතු සඳහා පමණක් පතන විස්තර සම්පූර්ණ කරන්න./කෘදුල්ලධාණයකෙන ඉණ්. ඉකොහෝසන්නෙන් මෙවාරාධාලම කොරුද්යකුණයන හැමුල්ලට ගින්නෙලුම නිවාන්යකනෙලුවුමුහි செப்பஷව/Give the following information only when a deposit is made by a person other than the Account Holder	නෝට්ටු தாள்கள் Notes		රුපියල් ලූபா Rs.		ශස අනු Cts
ை/பெயர்/Name	×5000	+++	+++	+	+
്ലീയാം(ഗ്രക്ഷനി∕Address	×1000				
ற்.அ.அ.அ.இல். NIC NO. Payment Code(See Reverse Side)	×500		\prod	\Box	\bot
Bank Reference / R E 1	×200	+++	+	+	+
rógia	×100	+++	+++	+	+
Reg/Mem No. Gigstanso Tel (Gigstanso	×20				
இரும் மூடுகிய கூடியாய்கி கையோய்கி செருந்களில் The Propositor's Signature/ Amount in words	×10				
යන්නු මුදුව ඇත්නම් වලංගුයි இயந்திர பதிவு அல்லது உத்தியோகபூர்வ கைபொப்பத்துடன் செல்லுபடியாகும்	සාහි/ gnæuskadt/ Coins වසතුව/		+	+	+
Valid if Overprinted or Signed by an Office	யொத்தம்/Total	ANYTHING	RELOW THIS	INF	
இம் கொட்டுக்கும் மகும் எழுது சன்னாளம் ம					

Checked by