



# PACT College{Day}

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## ENROLMENT FORM

This form **MUST** be filled in **BLOCK** letters and submitted to PACT College personnel

FULL NAME:.....

ADDRESS:.....

.....PHONE.....

### COURSE APPLIED FOR (PLEASE TICK)

- 1. CERTIFICATE IN FINANCIAL ACCOUNTING (ICAM)
- 2. ICAM TECHNICIAN DIPLOMA
- 3. ICAM KNOWLEDGE LEVEL
- 4. ICAM PROFESSIONAL LEVEL
- 5. ABE MARKETING MANAGEMENT L4, 5, 6
- 6. ABE BUSINESS MANAGEMENT LEVEL 4, 5, 6
- 7. ABE HRM LEVEL 4, 5, 6
- 8. CIPS PROCUREMENT & SUPPLY MNGT
- 9. ABMA COMM & RURAL DEVELOPMENT L4,5&6
- 10. PUBLIC HEALTH LEVEL 4,5&6
- 11. ACCA SKILLS F4 – F9
- 12. ACCA PROFESSIONAL P1-P7
- 13. BANKING (CERT, DIP, ADVANCED DIP)
- 14. CIM MARKETING (ALL LEVELS-WEEKEND ONLY)

  
  
  
  
  
  
  
  
  
  
  
  
  
  


### SUBJECTS:

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....

### MODE OF STUDY (PLEASE TICK)

### SEMISTER (PLEASE TICK)

JAN – JUN  JULY - DEC

### FINANCIAL UNDER TAKING

Name .....

Phone .....

CARD NO.....

AMOUNT PAID.....

RECEIPT NO.....

ACADEMIC QUALIFICATION: ..... PROFESSIONAL QUALIFICATION.....

MSCE (ENGLISH) CREDIT  MSCE (ENGLISH) PASS  MSCE (MATHS) CREDIT  MATHS (PASS)

I PROMISE TO ABIDE BY RULES AND REGULATIONS OF PACT COLLEGE, I AUTHORISE PACT COLLEGE TO PUBLISH MY NAME IF I ACCERALATE IN MY EXAMINATIONS. I ALSO AUTHORISE PACT TO RECOMMEND ME TO ANY EMPLOYER WHO WOULD REQUIRE MY SERVICES.

SIGNATURE ..... DATE.....

**N: B CHANGE OF SUBJECT(S) WILL ONLY BE ALLOWED ONE WEEK AFTER OFFICIAL DATE OF RELEASE OF EXAMINATION RESULTS OF THE RELATED COURSE**