



PACT College { Weekend }

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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