



**INSTITUTE OF CERTIFIED MANAGEMENT ACCOUNTANTS OF SRI LANKA**  
**APPLICATION FOR STUDENT REGISTRATION**  
**CERTIFIED ACCOUNTING TECHNOLOGIST**



**For Office Use Only**

Application No.									
Registration No.									

Please paste photograph  
(3.0cm x 2.5cm)  
(Instruction 5)

Please read the instructions provided on page 3 before starting to fill out the application

**PERSONAL DETAILS**

**1. Full Name :** (Write in block capital letters - Instruction 1)

(Strictly in accordance with the National Identity Card)

**1.1 Name with initials :** Title

Mr.		Miss.	
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Initials

Last Name

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( "Name" which is the last part of the full name should be written in the box , and "Initials" which denote the other parts of the full name, written in the cages meant for initials / In block capital letters )

**2.Date of Birth**

Y	Y	Y	Y	M	M	D	D
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**3. NIC / Postal ID**

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**CONTACT DETAILS**

**4 . Permanent Address:**

**5 . Mailing address :**

**6. District :**

**7. Province:**

**8. Email Address:**

**9. Contact Number:**

Mobile 

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Home 

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WhatsApp 

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**EDUCATION****10. Performance at G.C.E. O/L Examination:**

Subject	Grading	
	1st Attempt	2nd Attempt
1		
2		
3		
4		
5		
6		
7		
8		
9		

School

Year

Index Number

**11. FEES**

Sum of Rs. .... was paid at the ..... branch of People's Bank being my initial Registration Fee and Annual Subscription for one year / two years. Customer copy of the bank slip is attached. (Instruction 7,8 & 9)

**12. BACKGROUND INFORMATION****12.1 How did you get to know CAT?**

Through Friend/Word of Mouth	<input type="checkbox"/>
Accredited Education Center	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>
Through Awareness Programmes Conducted in Schools/Colleges	<input type="checkbox"/>
Banners/Handbills	<input type="checkbox"/>
Education Exhibition	<input type="checkbox"/>
Other	<input type="checkbox"/>

**12.2 Mode of Learning CMA:**

Self Study	<input type="checkbox"/>
Classes	<input type="checkbox"/>
E-Learning	<input type="checkbox"/>

**12.3 Medium:**

English	<input type="checkbox"/>
Sinhala	<input type="checkbox"/>

If you are following classes, please specify the name of institute and the town

**13. DECLARATION**

I hereby certify that the information given by me in this application is true and correct. I shall abide by the decisions of the CMA 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.

Date

Signature of the student

**14. ATTESTATION**

I certify that Mr/Mrs/Miss ..... who is an officer in my office/ a past pupil/ teacher of my school/ Known to me personally placed his/her signature in this, in my presence today (Instruction 6)

Date Signature of the Attestor Official Stamp **15. SUBMISSION**

Dully completed registrtaion applications should be hand over to CMA office or send by register post to the address below

**Address :** Institute of Certified Management Accountants of Sri Lanka,  
29/24, Visakha Private Road,  
Colombo 04



