**ACCA Membership Registration form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | **ACCA No:** |  | **Date of Birth:** | **DD / MM / YY** | | **Title (Mr / Mrs / Ms) Passport/Omang No:** | | | | | **Full Name & Surname:** |  | | | | **Postal Address:** |  | | | | **Work Tel. No.:** | **( )** | **Home Tel. No.:** | **( )** | | **Fax No.:** | **( )** | **Cell No.:** | **( )** | | **E-Mail Address:** |  | | | |  |

I wish to pay for (Please Tick):

ACCA

Discounted Initial Reg BWP 700.00\*

Annual Subscription BWP 1730.00\*

Renewal BWP 1540.00\*

TOTAL COST

Please Note the Following**:**

1. Banking Details: **Rankuke Training Institute** – **FNB, Mall Branch, Account No. 6286790135  
   \* Prices subject to exchange rate.**

Student Signature………………………………………………… Date……………………………………………