**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:** |  |

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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……………………………………………