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# Institute of Certified Management Accountants of Sri Lanka

Incorporated by an Act of Parliament No. 23 of 2009

## Application for AMA Designation

Reg No:

(To be completed and returned to the Secretariat with the requisite fees.)

Full Name:													
Title:	Mr.	<input type="checkbox"/>	Miss.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Others	<input type="checkbox"/>					
Name with Initials:													
Date of Birth:	Date	Month	Year		NIC No:								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Qualification:	Academic:						Professional:						
Designation:													
Organization:													
Office Address:													
Residence:													
Telephone:	Office						Residence						
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address to which mail to be sent :				Office	Residence
E-mail:	Office						Residence						
	<input type="text"/>						<input type="text"/>						

Year of Examination Completion	Fees	Membership applied for:	AMA
<input type="text"/>	Registration Fee	Rs. 8000/=	<input type="text"/>
	Subscriptions	Rs. 4000/=	

- AMA
- CMA Passed Finalists who do not fulfill the 3-year Practical Experience Requirement and who are work in non-accounting fields can Apply. (Lecturing in Universities or Recognized Tertiary Educational Institutes, Banks, Information Technology)

Cheque should be drawn in favour of "Institute of Certified Management Accountants of Sri Lanka"

I hereby certify that the information given by me in this Application for AMA Designation is true and correct. I understand that any false information in this Application lead to disqualification from applying for membership of the Institute of Certified Management Accountants.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

All completed Application for AMA Designation together with the following documents (please tick ✓ )

Certified Copy of CMA Final Certificate

Detailed CV

Certified Copy of Degree Certificate

Service Letters

Certified copies of any other Professional/Academic Qualifications

Requisite Fees

A summary of practical experience (if there is any, relevant to your industry).

**Should be sent to:**

CEO

Secretariat

Institute of Certified Management Accountant of Sri Lanka

29/24, Visaka Private Road, Colombo -4

Tel: 011-2506391 / :2507087 Ext.120 e-mail: [registrations@cma-srilanka.org](mailto:registrations@cma-srilanka.org) website: [www.cma-srilanka.org](http://www.cma-srilanka.org)

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Amount	:	
Receipt No.	:	
Date	:	