



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. Miss. Mrs. Others

Name with Initials:

Date of Birth: Date Month Year NIC No:

Academic: Professional:

Qualification:

Designation:

Organization:

Office Address:

Residence:

Telephone: Office Residence

Mobile: Address to which mail to be sent : Office Residence

E-mail: Office Residence

Year of Examination Completion	Fees	Membership applied for:	AMA
<input type="text"/>	Registration Fee	Rs. 8000/=	<input type="text"/>
	Subscriptions	Rs. 4500/=	

- 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 ✓)

<input type="checkbox"/>	Certified Copy of CMA Final Certificate	<input type="checkbox"/>	Detailed CV
<input type="checkbox"/>	Certified Copy of Degree Certificate	<input type="checkbox"/>	Service Letters
<input type="checkbox"/>	Certified copies of any other Professional/Academic Qualifications	<input type="checkbox"/>	Requisite Fees
<input type="checkbox"/>	A summary of practical experience (if there is any, relevant to your industry.		

Submission

1. Submission via post

You may send via Registered post, addressed to **Chief Executive officer, Institute of Certified Management Accountants of Sri Lanka, 29/24, Visakha Private Road, Colombo 04** and should mention “**Application for AMA Designation**” on top left-hand corner of the envelope.

2. Handover to CMA Sri Lanka Institute

You may handover the duly filled application and requested documents to Education & Training Division of CMA Sri Lanka during office hours. (Weekdays 8.30 a.m.- 5.00 p.m.)

3. E-mail submission

You may send the Application & all annexure to training@cma-srilanka.org
You should mention “**Application for AMA Designation**” in the subject line of the email.

For more information please contact;

E-mail: training@cma-srilanka.org
Tel : 011-2506391/2507087 Ext.145

Office use only		
Amount	:	
Receipt No.	:	
Date	:	