

Subject	CMA Intermediate (Operational & Managerial) Level Qualification and Designation
To	CMA Operational Level students, Managerial Level Students and Strategic Level Students
Designation 01	Certified Accounting & Business Manager - CABM
Designation 02	Senior Certified Accounting & Business Manager - SCABM
Conditions for CABM	<ul style="list-style-type: none"> - Applicants should have completed the Diploma Stage/Intermediate Stage/Operational Level exam - Students should have sat for minimum 03 subjects in Operational Level and completed Operational Level. - Students should have minimum of 02 years recognized practical training or work experience. (Academics, IT and those working in Management areas will also be considered for the purpose of practical or work experience) - This qualification and Designation will not be applicable to those who obtain full exemptions from CMA exams. - Application deadline - 30th June 2020. - Registration fee for new applicants - Rs.7500.00 - Annual subscription fee Rs.3000.00 payable on or before 31st December for the ensuing year.
Conditions for SCABM	<ul style="list-style-type: none"> - Should have completed the Managerial Level exam. - Students should have sat for minimum 02 subjects in Managerial Level and completed Managerial Level. - Students should have minimum of 03 years recognized practical training or work experience including 02 years Executive Level Work experience. . (Academics, IT and those working in Management areas will also be considered for the purpose of practical or work experience) - This qualification and Designation will not be applicable to those who obtain full exemptions from CMA exams. - Application deadline is on or before 30th June 2020. - Registration fee for new applicants - Rs.7500.00 - Annual subscription fee Rs.3000.00 payable on or before 31st December for the ensuing year.
Continuing Professional Development (CPD)	CPD of 20 hours required on annual basis.
Special offer	Students who apply on or before 30 th June – Rs.5000.00 Make the payment to one of the peoples bank branch by using the attached special payment voucher. Payment Code SO 5
Approval	A Certificate will be awarded to all those approved by the Council for CABM & SCABM.
Awarding ceremony	Certificate awarding ceremony will be organized after 30 th June 2020.
Documents to be submitted	Students should submit application form along with detailed CV and work experience letter from the company. CMA Result sheets (Foundation Level, Operational Level, Managerial Level)
Contact	Bhanuka –0778833363 / 0112596696 e-mail - info@cma-srilanka.org Web - www.cma-srilanka.org



Institute of Certified Management Accountants of Sri Lanka

Incorporated by the Act of Parliament No. 23 of 2009

Photo

Application for Certified Accounting & Business Manager (CABM) Designation

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

Title Mr. Miss. Mrs. Others Student Registration No A

Full Name:

Name with Initials:

Date of Birth:

Date	Month	Year	NIC																	
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Qualifications:

Academic:	Professional:
<input type="text"/>	<input type="text"/>

Address Residence

Telephone:

Office	Residence
<input type="text"/>	<input type="text"/>

Mobile:

Address to which mail to be sent :

Office	Residence
<input type="text"/>	<input type="text"/>

E-mail:

Office	Residence
<input type="text"/>	<input type="text"/>

Position

Name of the Employer

Address of Employer

Number of years of experience

Descriptions of Exam(s) completed

Syllabus w.e.f. 2001-2006		Syllabus w.e.f. 2007-2011		Syllabus w.e.f. 2012-2017	
Diploma Stage	<input type="checkbox"/>	Intermediate Stage	<input type="checkbox"/>	Operational Level	<input type="checkbox"/>
Professional I stage	<input type="checkbox"/>	Professional I stage	<input type="checkbox"/>	Managerial Level	<input type="checkbox"/>

Please "√" the applicable levels under applicable syllabus

Designation applied for

CABM

Practical experience details

Organization	Your Position	Period of employment		Number of months of experience
		From	To	

I hereby certify that the information provided by me in this Application for CABM Designations are true and correct to the best of my knowledge. I understand that any false information in this Application may lead to disqualification from applying for CABM Designation of the Institute of Certified Management Accountants of Sri Lanka.

Signature of the Applicant

DD/MM/YYYY

Date:

All completed Applications for CABM Designations should accompany with the following documents (please tick✓)

- | | |
|--|--|
| <input type="checkbox"/> CMA Student ID (mandatory) | <input type="checkbox"/> Service letters |
| <input type="checkbox"/> Exemptions eligibility letter (if applicable) | <input type="checkbox"/> Detailed CV |
| <input type="checkbox"/> Examination results sheets (mandatory) | <input type="checkbox"/> Certification by Supervisor with seal & signature |
| <input type="checkbox"/> A summary of practical experience relevant to your industry (Accounting or non-accounting). | <input type="checkbox"/> Payment receipt |

*Please note that the experience counted for granting the CABM Designations will not be considered for the PER Assessment of ACMA Membership. For that, you should maintain the CMA PER Log book for minimum of three years with relevant experiences as per the PER Guidelines issued by the institute.

Amount paid

Rs. 7500/=

Receipt number

Payment method

Cheque/ Credit card/Debit card/Bank

- Registration Fee for CABM Rs. 7500/=.
- Those who register before **30th June 2020** registration fee will be Rs. 5000/=.
- Annual subscription for 2021 will be Rs. 3000/=

Applications should be sent to:

Student Affairs Division

Institute of Certified Management Accountants of Sri Lanka

No 29/24, Visakha Private Road, Colombo -04

Tel: 011-2596696 Ext.127 e-mail: info@cma-srilanka.org website: www.cma-srilanka.org



Detailed CV Format for CABM Designation

Name with initials	Mr. / Ms.									
Registration Number	A									
Diploma/ Intermediate/ Operational Level	year of completion	2	0							

You need to provide the below details:

- Basic information
- Contact information
- Education qualifications
- Professional qualifications
- Special achievement in your personal & professional life

Please follow the format given hereinafter.

Summary of Employment(s)

Company	Designation	Period of employment	Period	
			Y	M

*If you are covering the 2-year required practical experience in more than one employment, please provide details for all job positions.

Submission of Practical Experience

Employment 01			
Name of the organization			
Nature of the business			
Your position			
From	dd/mm/yyyy	To	dd/mm/yyyy
Reporting to:			
Brief Company Profile			
Introduction of your role and level of involvement			

Details of the Practical Training
<p>Core Skills You may have gained practical experience under one or more areas listed below. Please explain the nature of experience, nature of work you did & the level of involvement pertaining to your area(s) of practical experience .</p>
Management Accounting
Financial Accounting
Basic Finance functions
Business Management
Taxation
Marketing related activities
Human Resource related activities
Operations Management
Legal systems & regulatory reporting
Banking & Finance
Academic
<p>Soft / supporting skills All applicants need to fulfill the below mentioned soft skills and supporting skills during the 2-year period.</p>
Business Communication aspects
Information Technology aspects
Ethics and Governance

Certification by the Training Supervisor

Certification should be done by Training Supervisor or Head of Department or CEO

Name of the Supervisor

Position

Organization

Contact Number

E-mail

CMA Membership Number (if available)

Comments & recommendation by Supervisor or Head of Department or CEO

Seal & Signature

Date

OFFICE USE ONLY

Student Registration Number

A					
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Allocated Number for CABM Designation

CABM				
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Authorised Signature

Date

DD/MM/YYYY