



CANCELLATION OF TRAINING CONTRACT

To be completed and lodged with the Institute of Chartered Accountants of Zimbabwe within 30 days of cancellation of the Training Contract. The Accredited Training Office's and Student Accountant's copies of the Training Contract must accompany this form. Cancellations are irrevocable.

1. STUDENT ACCOUNTANT

Surname:

First names:

Training Contract's registration number:

2. ACCREDITED TRAINING OFFICE

Name:

Address :

Name of Training Officer:

Complete either section 3 or 4 or 5 below.

3. CANCELLATION BY MUTUAL CONSENT

We, the undersigned hereby agree to cancel with effect from (day following Student's last working day) the Training Contract subsisting between the Accredited Training Office and the Student Accountant for the following reason(s):

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