

FORM OF APPLICATION FOR ADMISSION TO MEMBERSHIP
(Applicants trained in a Zimbabwe Accredited Training Office)

To the Council of the Institute of Chartered Accountants of Zimbabwe -

Date:

I hereby apply for admission as a Member of the Institute and I undertake, if admitted, to observe the Rules and By-laws of the Institute for the time being in force.

I certify that the information appended hereto is true and correct in every detail, and I enclose \$ in payment of registration fee to become a member of ICAZ & PAAB.

I hereby authorise the Institute to register me with the Public Accountants and Auditors Board as a Registered Public

Yours faithfully,

Signature

.....

Name in full (*Block Letters*)

Work Name, Address and Country

.....

Home Address.....

.....

Postal Address.....

Telephone No: Cell Number

E-mail:Alternative.....

Name of any professional body of which currently a member (*If applicable*)

.....

PRINCIPAL'S REFERENCE (*The signatory is requested to make appropriate enquiries if it is necessary to do so in order to complete paragraph 2 or to sign paragraph 3.*)

NAME OF PRINCIPAL/FIRM:

1. I, the undersigned, declare that the applicant served under me/this firm in training from to

2. Since his/her training contract was discharged he/she has been employed by -
.....

3. He/she is/is not a fit and proper person to be admitted. His/her conduct as a Student Accountant and thereafter has, to my knowledge, been in accordance with the Rules of Professional Conduct.

.....
Date Signature

RECOMMENDATIONS (*by members of the Institute of Chartered Accountants of Zimbabwe*)

We, the undersigned, have known Mr/Mrs/Miss for the length of time set opposite our respective names, and from personal knowledge, we believe him/her to be a fit and proper person to be admitted to the Institute.

Name (*Block Letters*) (Signature)

Registered address:

Period:

Name (*Block Letters*) (Signature)

Registered address:

Period:

Name (*Block Letters*) (Signature)

Registered address:

Period:

QUESTIONS

1. Date of Birth:
2. Nationality & ID No:.....
3. In which Accredited Training Office did you carry out your training?
.....
4. (a) Date of discharge of Training Contract
- (b) Date of discharge of Training Records.....
- 5 (a) Date passed final qualifying examination.....
- 6(i) An eligible applicant for membership of ICAZ should lodge his application for membership within 12 months from the later of the date of completion of Articles of Clerkship or passing the APC exams. If application is received within that period, the requirement for lodgement of formal CPD compliance will be waived.
(NB – Submission and clearance of the training record hours has no bearing on this matter)
- (ii) Should application be received later than 12 months from the dates in 6(i), then application should be accompanied by proof of pro rata compliance with the CPD requirements noted below.
(CPD minimum requirements are 120 hours over 3 years, of which there should be a minimum verifiable hours per year of 20 hours)
7. Are you in employment? YES/NO

 If so, by whom are you employed and in what capacity?
.....
.....

FOR OFFICE USE ONLY

Departmental Confirmations For.....

Full Name of Applicant

	<u>Date/ Year of Discharge/ Qualification</u>	<u>Department</u>	<u>Name & Signature</u>
Discharge of Training Contract		REGISTRY	
Discharge of Training Records	_____	REGISTRY	_____
Zimbabwe Tax in Theory of Accounting	_____	EDUCATION	_____
APC/ FQE	_____	EDUCATION	_____

Additional requirements from applicant:

- Reference Letter from Current Employer Received
- PAAB Application Form & I.D Received
- Proof of payment Received

Accounts

Receipt No Date

ICAZ Registration Fee Paid \$

PAAB Registration Fee Paid \$

Applicant is **NOT** a Student Debtor.

Confirmed by (Accounts)
(Name & Signature) Date

SUBMITTED AT THE COUNCIL MEETING

HELD ON DECISION

ICAZ MEMBERSHIP NUMBER:

MEMBERSHIP CATEGORY :
