



**APPLICATION FOR SUSPENSION
OF A TRAINING CONTRACT**

*To be completed and lodged with Institute of Chartered Accountants of Zimbabwe **before the period of suspension commences.** Suspension of training contracts is only approved for specific periods and for educational or career purposes. This form must be accompanied by the suspension fee. During the period of suspension, the student is not counted towards the student quota for the Accredited Training Office.*

STUDENT ACCOUNTANT

Surname:

First names:

Training Contract registration number:

ACCREDITED TRAINING OFFICE

Name:

Address:

.....

.....

Name of Training Officer/Partner:

We, the undersigned, hereby apply for suspension of Student Accountant's Contract as set out below:

Reason for suspension :

.....

.....

.....

.....

.....

Commencement date of Suspension:

Expected date of Student Accountant's return:

If suspension is for full-time study at a university:-

Name of University:

Course:

Year of study:

I confirm that I intend to return to the here-in-mentioned Accredited Training Office on
.....(date).

.....
STUDENT ACCOUNTANT

.....
DATE SIGNED

I confirm that the Student Accountant will be re-employed by this organisation on his return.

.....
TRAINING OFFICER

.....
DATE SIGNED

Note: The Organisation's and the Student Accountant's copies of the Training Contract should be retained and should not be submitted to Institute of Chartered Accountants of Zimbabwe with this form.