

INSTITUTE OF CHARTERED ACCOUNTANTS OF ZIMBABWE

APPLICATION FOR ENTRY CAA ITC 2016/2017 BOARD COURSE

1. This form should be completed and returned together with proof of payment to I C A Z - 2 Bath Rd Belgravia.
2. Fees: Payment to be made on registration: **US\$280**
3. Please complete this form in **BLOCK LETTERS**.

Surname: _____ National I.D No.: _____

Full forenames: _____

Address to which all communication should be sent: _____

Business address: _____

_____ Tel. No.: _____

Email: _____ Fax No.: _____

PART I ENTRY QUALIFICATION	Date obtained
(The entry qualification(s) must have been obtained within five years i.e. since 2012)	
1. Zimbabwe Certificate in Theory of Accounting	
2. South African CTA plus Zimbabwe Certificate in Taxation	

*Insert date of last examination leading to the qualification.

DETAILS OF SERVICE UNDER TRAINING CONTRACT

Period of Training Contract: From _____ to _____ 3/5 years

Name and address of Training Office: _____

PRINCIPAL

Full name: _____ Signature: _____ Date: _____

I enclose a fee of US\$ _____ being payment of the course fee. (Fee is non-refundable)

Signature _____ Date: _____