

Zimbabwe Chartered Accountants Examination Board

APPLICATION FORM

APPLICATION FOR ENTRY TO INITIAL TEST OF COMPETENCY EXAMINATION
(ITC) : NOVEMBER 2020

THIS FORM MUST BE COMPLETED IN FULL

1. This form should be completed, scanned and emailed to education@icaz.org.zw by no later than **Wednesday 30 September 2020**.
2. Applications must be accompanied by a copy of the POP, evidence of entry qualifications (i.e. ZCTA or CIMA) and two recent drivers'-licence-size photographs which should be certified as a true likeness by a Commissioner of Oaths or the member of the Institute who signs this form. (Please note: given the current situation, registration forms can be submitted before the deadline via email and candidates are urged to make sure certified photographs are submitted to ICAZ before confirmation of registration on or before – 12 October 2020).
3. The examination centres are situated in Bulawayo, and Harare (Please note because of the COVID 19, further information that may call for changes on venues will be communicated).

4. **FEES**

Examination Fees per student will be as follows:

Payments made between 1 September to 30 September: USD250 at the prevailing bank rate at date of payment, PLUS ZAR3 550.00.

OR Discounted USD cash price of USD210 (only when paying in US\$) PLUS ZAR3 550

Payments made between 1 October to 9 October will attract a penalty of 15% of either USD or ZWL Components plus ZAR3 550.00.

(All payments to be made into the ICAZ accounts as follows) :

Local Currency : Standard Chartered Bank
(Avondale Branch)
A/C No. 01 00208670103

ZAR CBZ Bank FCA NOSTRO
(Wealth Management Branch)
A/C No. 04423151320022

USD: Standard Chartered Bank
(Avondale Branch)
A/C No. 8740408670100

5. *Examination Dates: Wednesday 18 and Thursday 19 November 2020.*

6. *Applications submitted subsequent to 10 October 2020 will NOT be accepted.*

7. *If a candidate decides to withdraw from the examination and notifies the Education Manager before 28 October 2020, ONLY the ZAR component will be refunded.*

8. *All students are encouraged to register and participate in the November ITC Preparatory/Board Course.*

PLEASE COMPLETE ALL SECTIONS OF THIS FORM LEGIBLY, AND FORMS SUBMITTED WITH MISSING INFORMATION WILL NOT BE PROCESSED.

Personal Particulars:

Surname:

For Names

Mr

Mrs

Miiss

National ID Number: _____

Address to which all communications to be sent _____

Business
address _____

Phone(Work): _____ Cellphone: _____

Email _____

Gender : Male Female

Race: _____

Number of attempts: 1 2nd 3rd 4th 5th attempt writing the ITC examination.

5. I wish to write at the Examination Centre situated in: HARARE/BULAWAYO/OTHER
(Please tick) (**Note that there should be at least 5 students at any exam venue**)

Please note change of venue within Zimbabwe can only be accepted and effected if a candidate notifies the Education Manager 14 days before the date of the examination i.e. 29 October 2020.

(Office use only). Index No:

Entry Qualifications:

1. First Degree :
2. Name of University:.....
3. Year Obtained:.....
4. Zimbabwe Certificate in Theory of Accounting : Year passed:
5. Number of attempts writing CTA: first/second/third/fouth/fifth **(Please tick)**
6. University/Institution CTA Obtained:
7. Period of Training Contract from Month.....Year.....To: Month.....Year.....
8. Name or Accredited Training Office:.....
9. Date Articles discharged or should be discharged: Month..... Year.....
10. Date Training Contract discharged should be discharged
11. *Are you still employed at an ATO: **Yes/No.***

Fee Enclosed: \$ _____ ZAR _____

Declaration by Applicant:

..... (a) certify that I know of no good reason why the Council should refuse (in terms of section 53 of the Chartered Accountants By-laws) my application to sit Initial Test of Competence (ITC).

..... (b) agree to abide by the Examination Rules and the decisions of The Zimbabwe Chartered Accountants Examination Board.

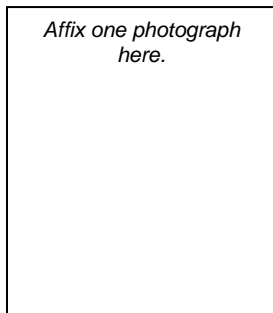
----- (Full Name of Applicant)

_____ (Signature of applicant) _____ (Date)

Declaration by Training Principal or other Chartered Accountant (Z):

As the applicant's Training Principal or (*in the case of a candidate who has completed his training contract*) as a member of the Institute, -

(a) I certify that I know of no good reason why the Council should refuse (in terms of section 53 of the Chartered Accountants By-laws) this application to sit Initial Test of Competence; and



(b) I certify that this photograph is a true likeness of the applicant.

_____ (Full Name)

_____ (Signature) _____ (Date)

_____ (Name and position)

