

**FORM OF APPLICATION FOR ADMISSION TO ARTICLED
ACCOUNTANT 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 an Articled Accountant 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, subscription for the current year and other fees as a Non Practising member.

I hereby authorise the Institute to register me with the Public Accountants and Auditors Board as a Registered Public Accountant and to apply for a P.A.A.B. Practising Certificate on my behalf (Delete latter if not required).

Yours faithfully,

.....

Name in full (*Block Letters*)

Service Address

.....

Address for accounts (*If different*)

.....

Telephone No: Fax No:

e-mail:

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/ not 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. On what date -
(a) was your Training Contract discharged by the Institute?
(b) were your Training Records discharged by the Institute?
- 5(i). Are you still pursuing the Institute's Final Qualifying Examination? YES/NO
- 5(ii) What is your highest qualification in the CA training program.....
When was it attained? (*State month and year*)
- 5(iii) Any other qualifications (if different from above)?
- 6(i) An eligible applicant for membership of ICAZ should lodge his application for membership within 12 months from the date of completion of Articles of Clerkship. 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 date 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?
.....
.....

ENCLOSURES – Please note that all documents should be **certified photocopies**

Degree Certificate Diploma in Applied Accounting (or equivalent)

Letter of Discharge of Training Contract

Letter of Discharge of Training Records

Other

I declare that the information I have given is correct and that should it be found to be false my application will be disqualified and I will face legal action

N.B* BEFORE YOU SIGN AND DATE THIS FORM, PLEASE CHECK THAT YOU HAVE COMPLETED EACH SECTION AND THAT THE INFORMATION IS CORRECT

**APPLICANT'S
SIGNATURE.....DATE.....**

<u>FOR OFFICE USE ONLY</u>	
NAME	DATE RECEIVED
SUBMITTED AT THE MEETING OF THE	
HELD ON	DECISION
RECEIPT NO	Date Amount \$
Registration Fee \$	I.C.A.Z Subscription \$
PAAB Registration Fee \$	PAAB Practising Accountant Certificate \$
DATABASE ENTRY No	
REGISTRATION No	
MEMBERSHIP CODE AND CATEGORY:	