

**Zimbabwe Chartered Accountants
Examination Board**

APPLICATION FORM

**APPLICATION FOR ENTRY TO INITIAL TEST OF COMPETENCY
EXAMINATION (ITC) : JANUARY 2017**

THIS FORM MUST BE COMPLETED IN FULL

1. *This form should be completed and returned to the Education Manager, P O Box CY 1079, Causeway, by no later than **Friday 6 January 2017**.*
2. *Applications must be accompanied by the application fee, evidence of entry qualifications (i.e. ZCTA or equivalent) and two recent drivers'-licence-size photographs which have been certified a true likeness by a Commissioner of Oaths or the member of the Institute who signs this form.*
3. *The examination centres are situated in Bulawayo, and Harare (**Please note that there should be at least 5 students at any exam venue**)*
4. **Registration Fees:**

	TOTAL
<i>Between 21 November 2016 – 21 December 2016</i>	US\$700
<i>Between 22 December 2016 – 6 January 2017</i>	US\$720

*(All payments to be made into the ICAZ account –
Standard Chartered Bank (Avondale Branch)
A/C No. 8700208670100 OR Point of sale/swipe at ICAZ offices)*
5. **Examination Dates : Wednesday 25 and Thursday 27 January 2017.**
6. *Applications submitted subsequent to 6 January 2017 will NOT be accepted.*
7. *If a candidate decides to withdraw from the examination and notifies the Education Manager before 11 January 2017, only two thirds of the total fee is refundable.*

Please complete all sections of this form legibly.

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

Personal Particulars:

Surname: _____ Full fore-names: _____

National ID Number: _____

Address to which all communications to be sent _____

Business address _____

Phone(Work): _____ Cellphone: _____

Email _____

This is my **first/second/third/fourth/fifth/sixth** (*Please tick*) **attempt** writing the ITC examination.

I wish to write at the Examination Centre situated in:

BULAWAYO/HARARE (*Please tick*).

(*Office use only*). **Index No:**



Entry Qualifications:

1. Degree : Name of University:..... Year Obtained:.....
2. Zimbabwe Certificate in Theory of Accounting : Year passed:
3. South African CTA : Year Passed:.....
4. Zimbabwe Tax Certificate: Year Passed:....
5. Period of Training Contract : **3/5** Years (Please tick) **From:** **To:**.....
6. Name or Accredited Training Office:.....
7. Date Training Contract should be discharged:.....
8. *Are you still employed at an ATO: Yes/No.*

Fee Enclosed: \$ _____

Declaration by Applicant:

I..... (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.

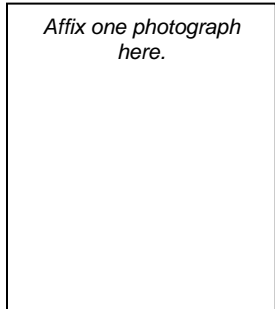
----- (Full Name of Applicant)

_____ (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 a true likeness of the applicant.

_____ (Full Name)

_____ (Signature) _____ (Date)

_____ (Name and position)