

**APPLICATION FOR ENTRY TO THE INITIAL TEST OF COMPETENCE (ITC) EXAMINATION – SEPTEMBER 2021**

1. This form should be completed, scanned in pdf format and returned to [lindak@icaaz.org.zw](mailto:lindak@icaaz.org.zw) or [education@icaaz.org.zw](mailto:education@icaaz.org.zw) P O Box CY 1079, Causeway, by no later than **Wednesday 18 August 2021**. Applications received after that date are subject to a late registration fee (See 5 below). No applications for entry received after 4.00 p.m. on Thursday **19 August 2021** will be accepted.
2. Application form must be accompanied by the proof of payment and evidence of entry qualifications (ZCTA Certificate or CTA PLUS ZIMTAX certificates). Please note: Given the current situation, registration forms can be submitted before the deadline via email and candidates are urged to make sure all registration documentation are submitted to ICAZ before confirmation of registration on or before **19 August 2021**.
3. Currently examination centres are situated in **Bulawayo and Harare**. (Please note, there should be at least 5 students at any exam venue).
4. FEES:  
Examinations fees per student will be as follows:

Registration fees:

**ZWL 34 800.00 Plus ZAR6 500.00** ( ZAR is payable strictly in ZAR into the rand denominated nostro account given below)

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

Local currency payments (ZWL)

Standard Chartered Bank  
Avondale Branch  
A/c no. 0100208670103



United States Dollars (USDs)	<b>Name of Bank</b> : CBZ Bank (USD ACCOUNT) <b>Account Name</b> : Institute of Chartered Accountants of Zimbabwe <b>Branch</b> : Wealth Management (6115) <b>Account Number</b> : 04423151320062 <b>Swift Code</b> : COBZZWHAXXX
South African Rands (ZAR) <i>for cash and transfers from foreign bank accounts ONLY</i>	<b>Name of Bank</b> : CBZ Bank (ZAR ACCOUNT) <b>Account Name</b> : Institute of Chartered Accountants of Zimbabwe <b>Branch</b> : Wealth Management (6115) <b>Account Number</b> : 04423151320022 <b>Swift Code</b> : COBZZWHXXX
ICAZ South African Bank details for ZAR payment	<b>Bank name</b> : FNB Bank <b>Account Name</b> : Institute of Chartered Accountants of Zimbabwe South Africa Chapter (PTY) LTD <b>Account Number</b> : 62779252685 <b>Branch code</b> : 250 655 <b>Swift Code</b> : FIRNZAJJXXX

- **PLEASE NOTE: THE ICAZ DOMESTIC RAND NOSTRO BANK ACCOUNT DETAILS ARE SOLELY FOR CASH OR TRANSFERS FROM EXTERNAL (FOREIGN) BANK ACCOUNTS DONE FOR THE ZAR COMPONENT PAYMENT.**
- **THE ZWL COMPONENT MAY BE PAID IN USD AT THE OFFICIAL BANK RATE**
- **THE ZAR COMPONENT IS NOT TO BE CONVERTED AT ALL TO A ZWL, IT IS TO BE PAID STRICTLY IN ZAR**

**Examination Dates: 1 AND 2 SEPTEMBER 2021**

5. Candidates who register on 19 August 2021 are required to pay a penalty fee of 15% of the ZWL component
6. Please refer to the attached Refunds form in regards to exam refunds application and process.



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

**Personal Particulars:**

Surname: \_\_\_\_\_

Full fore-names: \_\_\_\_\_

Mr  Mrs  Miss

National ID Number: \_\_\_\_\_

Address to which all communications should be sent: \_\_\_\_\_

\_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Phone(Work): \_\_\_\_\_ Cellphone: \_\_\_\_\_ Phone(Home): \_\_\_\_\_

Email: \_\_\_\_\_

Gender: Male  Female

Race: \_\_\_\_\_

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

I wish to write at the Examination Centre situated in: BULAWAYO/HARARE *(Please tick)*

*Please note change of examination venue can only be accepted and effected if a candidate notifies the Education Manager 14 days before the date of the examination i.e. 17 August 2021.*

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*(Office use only).* Index No:



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**Entry Qualifications:**

1. First Degree :..... Name of University:..... Year Degree Obtained:.....
2. CTA : Year Obtained: ..... University/Institution CTA Obtained:.....  
  
CTA No. Attempts.....
3. ZIMTAX Year – Year obtained:.....
4. Bridging Course DONE: YES/NO (**Please tick**)
5. Articles: IN/OUT/NOT YET (**Please tick**)
6. Number of ITC attempt PASSED.....
7. Period of Training Contract : 3/5 Years. (Please tick): From:..... To:.....
8. *Name of Accredited Training Office:.....*
9. *Have your Articles been discharged: YES/NO. (Please tick)*
10. *Have your Training records been discharged: YES/NO. (Please tick)*
11. *Are you currently employed at an ATO: YES/NO. (Please tick)*

Fee Enclosed:     \$ \_\_\_\_\_ Declaration by Applicant:

I.....(a) confirm that my articles have been discharged/not yet been discharged (please tick).

(b) confirm that my training records are in order and have been discharge/not yet been discharged (please tick).

(c)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 ITC Qualifying Examination

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

----- (Full Name of Applicant)



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-----*(Signature of applicant)*

\_\_\_\_\_ *(Date)*



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