

**Zimbabwe Chartered Accountants
Examination Board**

APPLICATION FORM

**APPLICATION FOR ENTRY TO INITIAL TEST OF COMPETENCY
EXAMINATION (ITC) : JANUARY 2015**

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 9 January 2015**.*
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, Gweru, Harare, Kwe Kwe and Mutare (**Please note that there should be at least 5 students at any exam venue**)*

4. **Fees:**

<i>Registration</i>	<i>Examination</i>	<i>Total</i>
US\$200.00	US\$375.00	US\$575.00

5. **Examination Dates : Wednesday 28 and Thursday 29 January 2015.**
6. *Applications submitted subsequent to 9 January 2015 will NOT be accepted.*
7. *If a candidate decides to withdraw from the examination and notifies the Education Manager before 14 January 2015, only the examination fee is refundable.*

Please complete all sections of this form legibly.

Personal Particulars:

Surname: _____ Full fore-names: _____

National ID Number: _____

Address to which all communications to be sent:-- -----

Business address:-----

Phone(Work): _____ Cellphone: _____ Phone(Home): _____

Fax: _____ Email:

Are you **employed** in the accountancy profession/ or elsewhere? *(Delete one)*

This is my first/second/third/fourth/fifth *(Delete all but one)* **attempt** writing the ITC.

I wish to write at the **Examination Centre** situated in: Bulawayo/Gweru/Harare/Kwekwe/Mutare *(Delete all but one)*.

(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 : From: To:.....3/5 Years
6. Date Training Contract should be discharged:.....
7. *Name of Accredited Training office:*
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.

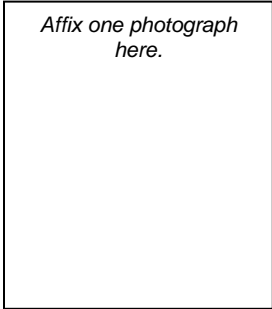
----- (Full Name of Applicant)

_____ (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)