



THE ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS

MEMBERS UPGRADE FORM

SURNAME.....(MR/MRS/MISS)

OTHER NAMES:.....

RESIDENTIAL ADDRESS:.....

**BUSINESS POSITION
(JOB TITLE) :**.....

COMPANY NAME:.....

PHYSICAL ADDRESS:

POSTAL ADDRESS:

TOWN: **PROVINCE:**

BUSINESS TELEPHONE NUMBER(S): **FAX NO:**.....

BUSINESS EMAIL:

PERSONAL E-MAIL: **MOBILE NO:**

PREFERRED ADDRESS FOR YOUR CORRESPONDENCE:
(If different from employer's)
.....
.....

COUNTRY OF BIRTH: **NATIONALITY:**

DATE OF BIRTH:.....

N.R.C. NO:

PASSPORT NO:

EMPLOYMENT CATEGORY: *(Please tick your employment category)*

AGRICULTURE		
BANKING/FINANCIAL INSTITUTIONS		MANUFACTURING/INDUSTRY/ENGINEERING
EDUCATION		PHARMACEUTICALS/HEALTH CARE
ENERGY & UTILITIES		PRACTISING OFFICE (ACCOUNTING)
HEALTH		I. AUDIT
IT/COMMUNICATION		II. NON-AUDIT
INSURANCE/INVESTMENT		MINING
LEISURE/TOURISM/TRAVEL		PROFESSIONAL SERVICES (CONSULTANCY)
LOCAL GOVERNMENT		RETAIL/CONSUMER
CENTRAL GOVERNMENT		TRANSPORT/DISTRIBUTION
NGO		REGULATORY BODY
NOT EMPLOYED		CHURCH
		OTHER (SPECIFY).....
	

The duly completed form must be returned to the address indicated below with the following enclosures:-

1. One passport size photo
2. Upgrade Fee
3. **Certified** photocopy of National Registration Card or Passport
4. **Proof of residence** (either a utility bill in the applicant's name; if not in your name, a letter from guardian/Landlord/employer to confirm residence must also be submitted together with the bill; Tenancy agreement; or a Voter's Card which bears your address)
5. One Reference Letter (Recommendation for upgrade)
6. **Certified copies** of the academic and professional certificates attained (including transcript of results)
7. **Detailed CV**

**The Secretary and Chief Executive
Zambia Institute of Chartered Accountants
P O Box 32005
Plot No. 2374 Thabo Mbeki Road
LUSAKA**