

ZICA Application form for Other Accountancy Programmes (OAP)

1. Full Names:...........................................................................................................................

2. Student/Membership No: ....................................................................................................

3. Programme:..........................................................................................................................

4. NRC Number (attach copy):..................................................................................................

5. Passport No:..........................................................................................................................

Nationality:……………………………………………………………………………………………………………………..

6. Sex:.......................................................................................................................................

7. Postal Address: .....................................................................................................................

 ..............................................................................................................................................

 ..............................................................................................................................................

8. Contact Numbers:.................................................................................................................

9. Email:........................ ...........................................................................................................

10. Date of Birth:........................................................................................................................

 **DECLARATION**

I solemnly declare and undertake that if I am registered as a student Member of the Zambia Institute of Chartered Accountants:

1. I shall abide by and observe the provisions of the Accountants Act of 2008 and as may be amended from time to time;
2. I shall abide by and observe the provisions of the Constitution of the Institute and any rules made thereunder and as may be amended from time to time;
3. I shall abide by the Codes of Ethics for Professional Accountants and any rules and regulations thereunder and as may be amended from time to time;
4. I undertake to read and understand the above documents which are made available to me upon registration on the ZICA website.

Made and subscribed at..................................................... This ................................. day of ........................... 20 …….

SIGNATURE: ...................................................... FULL NAMES:.................................................................................