



DIPLOMA IN PSFM STUDENT REGISTRATION FORM

This form should be completed by all those who wish to register for the Diploma in Public Sector Financial Management (PSFM), in line with the Accountants Act of 2008.

Registration Closing Dates		Examination	Closing Dates
Exam Session	Closing date	Registration	Closing Dates
For June	30th April	For June	8th May
For December	31st October	For December	6th November

NOTE: Students must submit their applications before the deadline for them to sit the examinations. However, applications are accepted throughout the year. Please complete the form and return it to:

Director - Education and Training
Zambia Institute of Chartered Accountants
Accounts Park, 2374/a Thabo Mbeki Road

or

Regional Manager North
Zambia Institute of Chartered Accountants
2nd Floor Mukuba Pension House, Room 333

P. O. Box 32005, Lusaka, Zambia.

P. O. Box 23593, President Avenue

Tel: +260 211 374550/9

Kitwe, Zambia. Tel: +260 212 222002

Email: education@zica.co.zm

Email: kitwe@zica.co.zm

If your application is successful, you will receive a student admission letter, student handbook and where applicable the exemption notice. Following registration, the Student magazine will be sent to you on a quarterly basis.

FOR OFFICIAL USE ONLY

Student Number:

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Registration Date: _____

Registration Level:					
Attachments:	Fees	Photos		Additional Documents	

Officers's Initials_

Signature: _

Reviewer's Initial: _

Signature: _

**OFFICIAL
STAMP**

1.0 GENERAL INFORMATION

1.1 Personal Information

Title (Mr/Mrs/Miss/ Dr/Prof)	
First Name	
Middle Name	
Surname	
Nationality	
Date of Birth	
Sex (M/F)	
NRC Number	
Passport Number	

1.2 Contact Details

Postal/Residential Address	
Town/ City	
Country	
Phone Number	
Fax Number	
Mobile Number	
E-Mail	

1.3 Entry Route

Accounting Technician Qualification	
Diploma in Accounting	
Degree in Accounting	
Professional Qualification	

1.4 Mode of study

Full Time		Part Time		Self-Study	
If Full Time or Part Time, Name Institution					

2.0 EDUCATION

	QUALIFICATION	INSTITUTION OBTAINED FROM	LENGTH OF COURSE	DATE AWARDED

EXEMPTIONS: There are no exemptions in the PSFM Programme

3.0 PAYMENTS

POS (swipe)
 Cheque
 Cash, bank details below

Account Name : ZICA
 Bank Name : Zanaco Bank
 Kwacha Account No : 0027262500102
 Branch: Centre Branch

Other, Specify:

NOTE: You will be required to pay registration and annual subscription fees as shall be determined by the Institute. The registration fees will only be paid upon registration whereas the annual subscription fee will be due on 1st January of each calendar year. Should you be de-registered, you will be required to pay the said prescribed re-registration fee.

4.0 HOW YOU KNEW ABOUT THE ZICA PROGRAMME (Tick all the boxes that apply)

ZICA Promotional event	<input type="checkbox"/>	School ZICA Career talk	<input type="checkbox"/>	Friend/relative	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Tuition provider	<input type="checkbox"/>	ZICA Website	<input type="checkbox"/>	Trade Event	<input type="checkbox"/>	Radio Advert	<input type="checkbox"/>
Newspaper advert	<input type="checkbox"/>	TV advert	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other, Specify:

5.0 DECLARATION

I hereby declare that the information given in this form is correct. I therefore make an undertaking to observe and abide by the regulations which are now and may hereafter be in force from time to time for regulating students and graduates. I understand that my eligibility will be based on official documents about my qualifications that I have submitted to ZICA.

<i>Signature:</i> _____	<i>Date:</i> _____
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Please ensure that you have enclosed copies of the following:

<input type="checkbox"/> NRC/ Passport	<input type="checkbox"/> Two (2) Passport size Photos
<input type="checkbox"/> Relevant Statements of results (<i>Certified</i>)	<input type="checkbox"/> Evidence of payment for registration

NOTE:

Grade 12 results are to be certified by Examination Council of Zambia (ECZ).

THANK YOU FOR COMPLETING THIS FORM