



Passport Photograph

TAXATION PROGRAMME STUDENT REGISTRATION FORM

This form should be completed by all those who wish to **register or re-register** for the ZICA Taxation Programme.

Registration Closing Dates		Examination	Closing Dates
Registration	Closing date	Exam Session	Closing Dates
For June	Last Week of March	For June	First Week of May
For December	Last Week of August	For December	First Week of 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 or
Accountants Park, 2374/a Thabo Mbeki Road
P.O Box 32005,
Lusaka, Zambia. Tel: + 260 211374550/9
Email: education@zica.co.zm

Regional Manager North
Zambia Institute of Chartered Accountants
2nd Floor Mukuba Pension House, Rm 333
P.O Box 23593, President Avenue
Kitwe, Zambia. Tel: +260 212 222002
Email: kitwe@zica.co.zm

If your application is successful you will receive a student admission letter and where applicable the exemption notice, student handbook and other relevant literature.

FOR OFFICIAL USE ONLY

Student Number							
Registration Date							
Registration Level	Certificate			Diploma			
Attachments:	Fees		Photos	Additional documents			
Officer's Initials			Signature				



ZICA is an Associate member of Chartered Accountants Worldwide (CAW). A member of the International Federation of Accountants (IFAC) and the Pan African Federation of Accountants (PAFA)

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

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

1.3 Entry Route

ZICA Normal entry without exemptions	
ZICA Normal entry with exemptions	

1.4 Mode of study

Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Self-Study	<input type="checkbox"/>
If Full Time or Part Time, Name Institution		<input type="text"/>			

2.0 EDUCATION

	QUALIFICATION	INSTITUTION OBTAINED FROM	LENGTH OF COURSE	DATE AWARDED

Exemptions: Please tick below the papers you request to be exempted from:

C1	Business Management	C2	Economics and Financial Mathematics	C3	Accountancy for Tax Practitioners
C4	Direct Taxes	C5	Indirect Taxes	C6	Law for Tax Practitioners
D1	Business Information Management	D2	Financial Management	D3	Business Taxation
D4	Personal Taxation	D5	International Taxation	D6	Tax Audit and Investigations

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 plus penalties.

4.0 HOW DID YOU KNOW ABOUT THE ZICA TAXATION 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"/>	ZICA Advertisement	<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 understand that I will be charged for any exemptions at the current rate and pay all necessary fees in order to remain registered.

Signature: _____ Date: _____

Please ensure that you have enclosed copies of the following:

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

NOTE:

Grade 12 results are to be certified by Examination Council of Zambia (ECZ). Certification through the ZICA offices will be at a minimal fee prescribed by the Institute.

THANK YOU FOR COMPLETING THIS FORM