



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:.....
6. Sex:.....
7. Postal Address:
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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:

- a) I shall abide by and observe the provisions of the Accountants Act of 2008 and as may be amended from time to time;
- b) 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;
- c) 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;
- d) 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:.....

Email this form with NRC copy and Proof of payment to membership@zia.co.zm for processing.

