

1. HOW TO APPLY:

- I. Complete the Application form.
- II. Attach the all the documents that are specified on the last page **item 8**.
- III. Submit the application form and pay **entry** and **subscription fee**.

2. MEMBERSHIP CLASSES:

Membership Class	Qualifications which meet Entry Requirements
Fellow	ZICA Associate Member with 5 years of good standing with the Institute
Associate	CA Zambia Graduate; Complete ZICA Professional, ACCA, CIMA, SAICA; Members of Institute of Chartered Accountant of: England and wales, Ireland, Australia, New Zealand, Zimbabwe, Kenya, Tanzania, Ghana, Nigeria etc, and any equivalent complete Accountancy professional qualification which has to be assessed with 3years of work experience, two such years being post qualifying.
Graduate	Complete CA Zambia Advisory level with less than 3 years Practical training ; ZICA Professional, ACCA, CIMA, SAICA and any equivalent complete professional qualification in Accountancy which has to be assessed, with less than 3 years of work experience
Licentiate	CA Zambia Application level; ZICA Licentiate; Zambia Diploma in Accountancy; complete CIMA II and ACCA II; recent graduates of Bachelor’s degree in Accountancy from the following Universities: Copperbelt University, University of Lusaka and Zambia Catholic University DMI ST Eugene; Holders of Assessed Bachelors Degree in Accountancy with three years post qualification work experience; Members of The Institute of Chartered Secretaries and Administrators (financial Stream); Members of Institutes of Chartered Accountants in: India; Pakistan; Bangladesh; and Sri-Lanka and any Licentiate Equivalent qualification in Accountancy which has to be assessed
Technician	CA Zambia Knowledge level; ZICA Diploma in Accountancy ; ZICA Technician Certificate; National Technician Certificate (NATECH); Association of Accountants Technician (AAT); Accounting Technician Diploma (ATD); Diploma in Financial Administration (DFA); recent graduates with degree in Accountancy from the following Universities: Rusangu, Copperstone, Mulungushi and Northrise; any Technician Equivalent qualification in Accountancy which has to be assessed.

* For other accountancy qualifications that are not listed above, kindly contact the Membership Office.

3. APPLICATION FEES

MEMBERSHIP Class	LOCAL’S ENTRY FEE	LOCAL’S SUBSCRIPTION FEE	FOREIGNER’S ENTRY FEE	FOREIGNER’S SUBSCRIPTION FEE
Associate	1,395.00	3,095.00	5,465.00	8,100.00
Graduate	902.00	2,365.00	5,465.00	8,100.00
Licentiate	670.00	2,040.00	5,465.00	8,100.00
Technician	550.00	1,450.00	5,465.00	8,100.00

* Applicants applying before December will pay the above, please note subscription fees expire at 31st December of each year.

4. Individuals with recognized none Zambian Accountancy Qualifications are admitted on **provisional membership** basis under; Associate, Graduate, Licentiate or Technician membership. Provisional membership subjects one **to clear two examinations in Zambian Taxation and Business Law within twelve (12) months**. This membership does not exceed twelve months.

5. ZiCA **reserves the right to withdraw membership** of any individual who goes against the code of conduct and ethics of the Profession and Institution or should it be found that the documents submitted at the time of application lacked authenticity.

6. Processing of applications takes **30 days** for straight forward cases





THE ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS

APPLICATION FOR ADMISSION TO ASSOCIATE MEMBERSHIP
(FOR INDIVIDUALS WITH CERTIFICATES FROM RECOGNISED INSTITUTIONS - SI40)

I,*(FULL NAMES IN BLOCK LETTERS)* hereby apply for admission as an Associate/Fellow member of the Zambia Institute of Chartered Accountants.

I, undertake that, if admitted, I will, so long as I remain an Associate/Fellow member of the Institute, comply with the bye-laws and all other regulations of the Institute for the time being in force.

I, further, undertake that I will use the designation **“Chartered Accountant”** and/or the prescribed designatory letters **FZICA** or **AZICA** while I remain a member of the Institute.

I, acknowledge my duty to the public to ensure that the quality of my knowledge and service is maintained after qualification. I, therefore, accept my responsibility to undertake adequate Continuing Professional Education as recommended by Council from time to time.

I, DECLARE, that the whole of the information contained in this application is true and complete to the best of my knowledge and belief.

DATE: **APPLICANT’S SIGNATURE:**

LIABILITY TO DISCIPLINARY ACTION

A member or student shall be liable to disciplinary action as per Section 29 of the Accountants Act or contravening other Constitution rules and bye-laws of the Institute, whether or not he was a member or student of the Institute at the time of occurrence giving rise to his liability.

1. PERSONAL INFORMATION *(Block capital letters please)*

SURNAME: (MR/MRS/MISS)

OTHER NAMES:

HOME ADDRESS:

BUSINESS POSITION:
(If possible, please state your employer’s designation of your position)

COMPANY NAME:

COMPANY FULL ADDRESS:

TOWN: PROVINCE:



NAME & ADDRESS OF EMPLOYER <i>(Give nature of employer's business)</i>	JOB TITLE	REPORTING TO	DATE FROM TO

BUSINESS TELEPHONE NUMBER(S): FAX NO. :

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.

2. EMPLOYMENT CATEGORY *(Please indicate your employment category)*

INDUSTRY COMMERCE PUBLIC SECTOR PRACTISING OFFICE

3. EDUCATION

DETAILS OF ACADEMIC QUALIFICATION *(Attach certified copies)*:

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PROFESSIONAL EXAMINATIONS PASSED *(Attach certified copies for all Levels)*:





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YEAR QUALIFIED:

MEMBERSHIP OF PROFESSIONAL BODIES *(Attach certified copies)*:

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4. REFEREES (Submit letters from referees)

Please  nominate  below two people MUST  be a member of the  (one of whom MUST be a member of the Institute) who are

able to vouch from personal knowledge of your work experience and suitability for membership.

Where you have nominated your present or previous employer as referee, their recommendation may be combined with the confirmation of experience required in Section 5 and you should inform your employer of this arrangement.

1. REFEREE

2. REFEREE

NAME AND ADDRESS: 	NAME AND ADDRESS:
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5. SUMMARY OF WORK UNDERTAKEN AND RESPONSIBILITIES (*Attach C.V.*)

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6. RECOMMENDER (*Preferably employer*)

NAME (*Print name*):

POSITION:

SIGNATURE: DATE:

7. DECLARATION

I solemnly declare and undertake that if I am registered as an Associate/Fellow 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.
 - e) Upon ceasing to be a member of the Institute;
- i. I shall not use the designatory letters which I may be entitled to use as a member; and
 - ii. I shall surrender to the Institute any Certificates issued to me by the Institute as a consequence of my membership of the Institute.

Made and subscribed at..... this day of 20

SIGNATURE: FULL NAMES:

8. COMPLETED FORM

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

- i) one passport size photograph;
- ii) in case of a Zambian National, **certified** photocopy of National Registration Card or Valid Passport or Driver's Licence; or in case of a foreign national, **certified** copy of National Registration Card and a Valid Passport with, where applicable, a duly issued visa;
- iii) proof of residence (either a utility bill in the applicant's name or a letter from a guardian confirming residence);
- iv) two letters of reference (one of which should be from a ZICA member;
- v) letter confirming employment and job title (if employed);
- vi) **certified copies** of the academic and professional certificates indicated in the application form (including transcript of results); (**ZICA certificates need not to be certified**)
- vii) the entry and annual subscription fees.

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

