



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 211374551/9
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 |
|--|---------------|------------------------------|---------------------|-----------------|
| | | | | |
| | | | | |
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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).

THANK YOU FOR COMPLETING THIS FORM