



**THE ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS**

**CA ZAMBIA (DISCHARGED) MEMBERS UPGRADE FORM**

**SURNAME**.....(MR/MRS/MISS)

**OTHER NAMES:**.....

**RESIDENTIAL ADDRESS:**.....

**BUSINESS POSITION  
(JOB TITLE) :**.....

**COMPANY NAME:**.....

**PHYSICAL ADDRESS:** .....

**POSTAL ADDRESS:** .....

**TOWN:** .....**PROVINCE:** .....

**BUSINESS TELEPHONE NUMBER(S):** ..... **FAX NO:**.....

**BUSINESS EMAIL:** .....

**PERSONAL 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:** .....



**EMPLOYMENT CATEGORY:** (Please tick your employment category)

|  |   |
|--|---|
| AGRICULTURE .....                        | PHARMACEUTICALS/HEALTH CARE .....         |
| BANKING/FINANCIAL INSTITUTIONS .....     | PRACTISING OFFICE (ACCOUNTING) .....      |
| EDUCATION .....                          | I. AUDIT .....                            |
| ENERGY & UTILITIES .....                 | II. NON-AUDIT .....                       |
| HEALTH .....                             | MINING .....                              |
| IT/COMMUNICATION .....                   | PROFESSIONAL SERVICES (CONSULTANCY) ..... |
| INSURANCE/INVESTMENT .....               | RETAIL/CONSUMER .....                     |
| LEISURE/TOURISM/TRAVEL .....             | TRANSPORT/DISTRIBUTION .....              |
| LOCAL GOVERNMENT .....                   | REGULATORY BODY .....                     |
| CENTRAL GOVERNMENT .....                 | CHURCH .....                              |
| NGO .....                                | OTHER (SPECIFY).....                      |
| NOT EMPLOYED .....                       |   |
| MANUFACTURING/INDUSTRY/ENGINEERING ..... |   |

**DECLARATION**

I solemnly declare and undertake that if I am registered as a Technician/Licentiate/Graduate/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: .....

**COMPLETED FORM**

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

1. One passport size photo **(if not submitted)**
2. Upgrade Fee
3. **Certified** photocopy of National Registration Card or Passport **(if not submitted)**
4. **Proof of residence** (either a utility bill in the applicant's name; if not in your name, a letter from guardian/Landlord/employer to confirm residence must also be submitted together with the bill; Tenancy agreement; or a Voter's Card which bears your address) **(in case of change of physical address)**
5. **Copy** of the CA Advisory Professional in Accountancy **certificate (if not submitted)**
6. Most recent detailed CV

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

