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DIPLOMA IN ACCOUNTANCY STUDENT REGISTRATION FORM

This form should be completed by all those who wish to register the Diploma in Accounting, in line with the Accountants Act of 2008.

Registration	Closing Dates	Examination	Closing Dates
For March	Last Week of January	For March	First Week of February
For June	Last Week of March	For June	First Week of May
For September	Last Week of July	For September	First Week of August
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:

or

Director - Education and Training Zambia Institute of Chartered Accountants Accounts Park, 2374/a Thabo Mbeki Road

P. O. Box 32005. Lusaka. Zambia. Tel: +260 211 374550/9 or 1982 Email: education@zica.co.zm Regional Manager North

Zambia Institute of Chartered Accountants 2nd Floor Mukuba Pension House, Room 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, student handbook and where applicable the exemption notice. Following registration, the Student magazine will be sent to you three (3) times a year.

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Student Number:				
Registration Date:			<u> </u>	
Registration Level:	Level 1		Level 2	
Attachments:	Fees	Photos	Additional Documents	
Officer's Initials:			Signature:_	

1.0 GENERAL INFORMATION

1.1 Personal Information

Title (Mr./Mrs./Miss/ Dr/Prof	
First Name	
Middle Name	
Surname	
Nationality	
Date of Birth	
Sex (Male/Female)	
NRC Number	
Passport Number	

1.2 Contact Details

Postal / Residential Address	
Town/ City	
Country	
Phone Number	
Mobile Number 1	
Mobile Number 2	
E-Mail address	

1.3 Entry Route

School leaver with 5 credits or better including Mathematics and English	
Accounting Technician Certificate or any recognised equivalent qualification	

1.4 Mode of study

Full Time	Part Time	Self-Study
If Full Time or Part Time, Name Institution		







2.0 EDUCATION

QUALIFICATION	INSTITUTION OBTAINED FROM	LENGTH OF COURSE	DATE AWARDED

EXEMPTIONS: Please tick the papers you request to be exempted from in the boxes provided:

DA1	Financial Accounting	
DA2	Quantitative Analysis	
DA3	Business Economics	
DA4	Information Technology and Communication	
DA5	Cost Accounting	
DA6	Business Law	
DA7	Principles of Management	

NOTE: There are no exemptions at Level 2 of the Diploma







FORM 001 STUDENT REGISTRATION FORM

	POS (swipe)		Deposit/Transfer, ba	nk details below		
]	Account Name: ZIC Bank Name: Zanaco Kwacha Account No Branch: Centre Brar	Bank b: 0027262500102		
	Institute. The registration be due on 1 st January of prescribed re-registration	uired to pay registration and n fees will only be paid up each calendar year. Should y	d annual subscription whe you be de-registered	on fees as shall be determined by the reas the annual subscription fee will be required to pay the said		
H(OW YOU KNEW AB	OUT THE CA ZAMB	IA PROGRAMI	ME (Tick all the boxes that ap		
	Facebook	Secondary Schoo Career talk	el Employ	yer		
	LinkedIn	ZICA Website	Oth	ner		
	Tuition Provider	TV Advert				
	Radio Advert/Program	Friend/Relative				
	If 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:					
		nave enclosed copies of the f				
		nave enclosed copies of the f	following:	Γwo (2) Passport size Photos		
	Please ensure that you h	nave enclosed copies of the f	following:			







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