



INSTITUTE OF CERTIFIED TAX ACCOUNTANTS

Student/ Membership Application Form

Reference number									

Notes: 1. Use CAPITAL LETTERS and where applicable mark with an "X"
 2. Fields indicated with an asterix (*) must be completed.

Part 1: Personal Details

Surname *	<input style="width: 100%;" type="text"/>												
Initial(s) *	<input style="width: 100%;" type="text"/>												
First name(s) *	<input style="width: 100%;" type="text"/>												
Date of birth *	C	C	Y	Y	M	M	D	D	National ID Number *	<input style="width: 100%;" type="text"/>			
If not in possession of a Zimbabwean ID number; Nationality <input style="width: 150px;" type="text"/> and passport number <input style="width: 100px;" type="text"/>													
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>									
E-mail address	<input style="width: 100%;" type="text"/>												
Postal address *	<input style="width: 100%;" type="text"/>										Postal code	<input style="width: 50px;" type="text"/>	
Physical address *	<input style="width: 100%;" type="text"/>										Postal code	<input style="width: 50px;" type="text"/>	
Business telephone no	<input style="width: 100%;" type="text"/>				Facsimile number	<input style="width: 100%;" type="text"/>							
Cellular number	<input style="width: 100%;" type="text"/>												

Part 2: Qualifications

Tertiary qualifications including degrees, diplomas or certificates (or equivalent)

<input type="checkbox"/> NDip(Com)	<input type="checkbox"/> BCom	<input type="checkbox"/> BCom (Hons)	<input type="checkbox"/> BAcc
<input type="checkbox"/> LLB	<input type="checkbox"/> MCom	<input type="checkbox"/> LLM	<input type="checkbox"/> HDip(Tax)
<input type="checkbox"/> None	Other, specify: <input style="width: 400px;" type="text"/>		

Part 3: Membership of other professional bodies

<input type="checkbox"/> ACCA	Membership Grade	<input style="width: 100px;" type="text"/>	<input type="checkbox"/> ICPAZ	Membership Grade	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> CIMA	Membership Grade	<input style="width: 100px;" type="text"/>	<input type="checkbox"/> SAAA	Membership Grade	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> ICAZ	Membership Grade	<input style="width: 100px;" type="text"/>	<input type="checkbox"/> IAC	Membership Grade	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> CIS	Membership Grade	<input style="width: 100px;" type="text"/>	<input type="checkbox"/> None		
<input type="checkbox"/> Other, specify	<input style="width: 700px;" type="text"/>				

Part 4: Work Experience

Indicate your experience below (particularly in a related environment, i.e. commercial or law);

Year	Year	Field (e.g. Accounting or Taxation)	Number of years
From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	to <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 50px;" type="text"/>
From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	to <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 250px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input type="checkbox"/> Other, specify <input style="width: 700px;" type="text"/>			

Part 5: Membership Category Applied For

Membership Category	Student <input type="checkbox"/>	Affiliate <input type="checkbox"/>	Associate <input type="checkbox"/>	Fellow <input type="checkbox"/>
---------------------	----------------------------------	------------------------------------	------------------------------------	---------------------------------

Fees Payable			
Initial Registration fees	Refer to Fees Structure		
Annual Subscription fees			

(see overleaf for more)

Part 5: Declaration by Applicant

I declare that the information furnished herein is true and correct.

Name

Signature

Date

Part 6: Checklist

- Initial Registration fees (once-off payment)
- Annual Subscription fees
- Certified copy of identification document
- Certified copies of academic and professional qualifications attained
- 2 driver's licence size photos (colour)
- Employment confirmation letter(s) (where entry is by mature entry)
- Employer declaration letter where study is employer sponsored
- Detailed CV (where you are applying for direct membership) - 10 years+ experience in taxation.

FOR OFFICE USE:

Date of application received

Date

Date of application approved

Date

Membership Number

Membership Grade

Approved by

Signature