

## **Annual CPD Return Form**

| Membership number:  |   | CPD Year: 2017  |   |
|---|---|---|---|
| Full name:  |   |   |   |
| 1.  | Please select the method by which you have undertak<br>(tick one of the two boxes in this section and fill in the   |   |   |
|   | I have undertaken my CPD requirements by following ZIC  | A's unit route.   |   |
|   | or  |   |   |
|   | I am a member of an IFAC body which is fully compliant w<br>Standard (IES 7) and I have followed the CPD scheme of<br>My professional body is:  |   |   |
| 2.  | Please indicate by ticking the box if you are responsib<br>for statutory purposes of financial statements and/or a<br>financial services organisations, or indeed any organi<br>such as insurance companies, building societies and | Innual reports of listed companies,<br>sation deemed to be a public interest body |   |
| 3.  | Please indicate if you would like to be recommended to Indicate which industry you have experience in.  | o sit on a Board/Board Committee and also   |   |
| 4.  | Please indicate by writing in the space provided the n are a member (if any):   | ame of the Board /Board Committee that you  | I |
|   |   |   |   |
| 5.  | I confirm that I have completed my CPD requirements<br>I have maintained and, where appropriate, developed a<br>ethics. I confirm that the information given in this form   | ny competence in relation to professional   |   |
|   | Signature:  | Date:   | _ |
| Please send your completed form to:<br>Zambia Institute of Chartered Accountants<br>Accountants Park, Plot Number 2374, Thabo Mbeki Road<br>P O Box 32005, LUSAKA<br>Tel: +260 211 374550-9 Fax: +260211 374560/255355<br>Email: membership@zica.co.zm or pmwamba@zica.co.zm; |   |   |   |