

Annual CPD Return Form

| Membership number: | | CPD Year: 2017 | |
|---|---|---|---|
| Full name: | | | |
| 1. | Please select the method by which you have undertak (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 Standard (IES 7) and I have followed the CPD scheme of My professional body is: | | |
| 2. | Please indicate by ticking the box if you are responsib for statutory purposes of financial statements and/or a financial services organisations, or indeed any organi such as insurance companies, building societies and | Innual reports of listed companies, 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 I have maintained and, where appropriate, developed a ethics. I confirm that the information given in this form | ny competence in relation to professional | |
| | Signature: | Date: | _ |
| Please send your completed form to: Zambia Institute of Chartered Accountants Accountants Park, Plot Number 2374, Thabo Mbeki Road P O Box 32005, LUSAKA Tel: +260 211 374550-9 Fax: +260211 374560/255355 Email: membership@zica.co.zm or pmwamba@zica.co.zm; | | | |