

**ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS****APPLICATION FOR THE ISSUE OF A FULL AUDIT PRACTISING CERTIFICATE**

(For application in terms of Section 19 of the Accountants Act 2008)

**(PLEASE USE BLOCK LETTERS)****SECTION 1**

I hereby apply to be registered as an auditor and I submit the following information in support of my application:

1. Name in full: \_\_\_\_\_ Membership No: \_\_\_\_\_
  - a) Surname (and Maiden name): \_\_\_\_\_
  - b) Forename (s): \_\_\_\_\_
2. Address:  
(Please provide the address where you would like to receive your individual correspondence)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Telephone number: ( \_\_\_\_ ) \_\_\_\_\_ Fax number: ( \_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
Cell number: ( \_\_\_\_ ) \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. NRC/Passport Number: \_\_\_\_\_
5. Do you have more than seven years post qualifying audit experience in a public practice firm? (Yes/No). Please provide your Curriculum Vitae in support your answer  
\_\_\_\_\_
6. Please provide reference letter(s) from the Supervising Principal(s) to vouch your seven years audit experience obtained under their supervision.
7. I intend to sit for the Competence Practice Examinations in (Month): \_\_\_\_\_ (Year) \_\_\_\_\_
8. Have you ever been previously registered as a practitioner with ZICA? (Yes/No)  
\_\_\_\_\_

9. Do you intend issuing audit opinions within the next twelve months? (Yes/No)

\_\_\_\_\_

**SECTION 2 (Answer “Yes” or “NO” to the questions in this Section)**

10. Are you resident in the Republic of Zambia?

\_\_\_\_\_

11. Have you at any time been removed from an office of trust because of misconduct related to a discharge of that office? If yes, please provide details on a separate page

\_\_\_\_\_

12. Have you at any time been convicted, whether in Zambia or elsewhere, of theft, fraud, forgery, uttering a forged document, perjury, or any other offence involving dishonesty? If yes, please provide details on a separate page

\_\_\_\_\_

13. Are you for the time being declared by a competent court to be of unsound mind or unable to manage your own affairs? If yes, please provide details on a separate page

\_\_\_\_\_

14. Are you an undischarged bankrupt? If yes, please provide details on a separate page

\_\_\_\_\_

15. Did you meet your Continuing Professional Development (CPD) requirements in the previous year?

\_\_\_\_\_

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I certify that the above information is true and correct in every detail, and I undertake to comply with the IFAC Code of Ethics for Professional Accountants as adopted by the Institute from time to time.

I enclose a cheque, cash, or proof of payment, in the amount of K..... being payment for the Competence Practice Examinations (this fee is not refundable whether you sit for the examinations or not).

**SIGNATURE:** .....

**DATE:**

.....

**GUIDANCE NOTES:**

To be eligible to obtain a full audit practicing certificate, a person

1. has been certified by a professional body or a body recognised under section thirteen of the accountants Act 2008 to have complied with the education and training requirements; and
  2. has passed the competence practice examination set by the Institute and has obtained competence to practice and a period of more than seven years has elapsed between the date of complying with the education and training requirements and the date of the application.
    - i). The seven years experience must all be in audit in a public practice firm.
    - ii). The experience must be of a wider and deeper nature than that required for membership
    - iii). The experience must be reviewed by an APPROVED PRINCIPAL and confirmed by your SUPERVISING PRINCIPAL.
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The form should be returned to:

THE SECRETARY AND CHIEF EXECUTIVE  
ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS  
ACCOUNTANTS PARK, PLOT NO. 2374  
THABO MBEKI ROAD,  
PO BOX 32005  
**LUSAKA**