

**ZAMBIA INSTITUTE OF CHARTERED ACCOUNTANTS**

**APPLICATION FOR THE ISSUE OF A NON-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 a non-audit practitioner 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 experience? (Yes/No). Please provide your Curriculum Vitae in support your answer \_\_\_\_\_

6. Please provide reference letter(s) from the Supervisor(s) to vouch your seven years 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 non-audit practitioner with ZICA? (Yes/No) \_\_\_\_\_

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

9. Are you resident in the Republic of Zambia?

\_\_\_\_\_

10. 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

\_\_\_\_\_

11. 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

\_\_\_\_\_

12. 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

\_\_\_\_\_

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

14. 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 non-audit 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 post qualifying experience must be of a wider and deeper nature than that required for membership and should cover the any of the following areas: Financial Reporting, Taxation (Personal, Corporate and any other related areas), Management Accounting, Financial Management, and Strategic and Risk Management.
  - ii). The experience must be confirmed by your SUPERVISOR(S).
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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**