



Internal Control Institute of Zimbabwe

"Recognizing Competency World Wide"

MEMBERSHIP APPLICATION FORM

PERSONAL

Prof. Dr. Adv Mr. Ms. Other: _____

Initials: _____ Preferred _____

Full names _____

Surname: _____

Identity Number _____

Date of Birth: _____

Home Language: English Other- _____

Home Postal Address: _____

_____ Postal Code: _____

Home E-mail Address: _____

Home Telephone Number: (_____) _____

Cellular Telephone Number: _____

PREFERRED MAILING ADDRESS:

E-mail: Home _____ Business _____

QUALIFICATIONS & EXPERIENCE:

Are you a practising Internal Control Professional / Specialist? Yes No

Years of Internal Control experience: _____

CFE CA (SA) CIA Other: _____

Which professional Associations do you belong to?

Professional Certifications Attained: CIA CIS ACCA Other: _____

Highest Educational Qualification:

E.g. MBA/ BAcc/ 2 A' Levels

Current Studies: _____

JOIN TODAY!

Tell: +263 4 443 124 Cell: 0772 675 810

Email: admin@internalcontrolinstitute.co.zw

APPLICANT'S SIGNATURE

I declare that:

1. All information contained on this application is true and correct.
2. If accepted, I agree to abide by the Code of Ethics adopted by the Internal Control Institute to govern its members.

Applicant's Signature: _____ Date: _____

FEES

Registration Fee	\$200,00
Subscription Due	\$1950,00(Full Year)
Less Applicable Discount	_____%

Please note: These subscription fees are inclusive of International Association fees. All fees and dues are VAT inclusive and non-refundable. Rates subject to change.

FOR OFFICIAL USE ONLY

Receipt Number: _____

Cash Cheque No. _____

Date Received: _____/_____/_____

Membership Class: MEMBER

Registration Number: _____

Signature: _____

BANKING DETAILS:

Internal Control Institute Zimbabwe

Barclays Bank

Highlands Branch

Account Number:- 2143-1104229

FOR ICIZ OFFICE: APPROVED BY MANAGER OF MEMBERSHIP SERVICES

Date _____

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