



# **THE INSTITUTE OF ADMINISTRATION AND COMMERCE**

## **APPLICATION FOR MEMBERSHIP**

PLEASE TICK (a) FIRST TIME

(b) UPGRADING

When completed, submit form with your CV to the Institute at:

6 Meredith Drive  
Eastlea  
Harare

Any enquiries can be directed to Zimbabwe Tel: 251301-2 / 251303  
E-mail: [enquiries@iac.co.zw](mailto:enquiries@iac.co.zw)

## GENERAL INFORMATION ON MEMBERSHIP OF THE IAC

### CATEGORIES OF MEMBERSHIP

1. Associate Membership \*(AIAC)
2. Full Membership \*(MIAC)
3. Fellow Membership \*(FIAC)

(\* Post-nominal letters to be written after the member's name).

Taking into account the applicant's status in administration and commerce, age and relevant business experience, the IAC Council will determine which category of membership an applicant will be admitted to. Persons who have not been either an Associate or Full member of the IAC for at least five years, are not eligible to apply for Fellow membership.

### CRITERIA FOR ADMISSION TO PROFESSIONAL MEMBERSHIP OF THE IAC

The following persons are eligible to apply for professional membership.

1. A person who has completed an IAC diploma
2. A person who has completed a recognized post-matric qualification with the same evaluation as an IAC diploma, namely (M+3) Senior Certificate plus three years (tertiary level) and provided that the subjects passed are relevant to the IAC subjects, and that the qualification is recognized by the IAC. For example, the following qualifications are acceptable:

B. Com/B. Econ./etc  
Chartered Institute of Management Accountants (CIMA)  
Institute of Chartered Secretaries & Administrators (CIS) (ICSA)  
Institute of Marketing Management (IMM)\*  
Institute of People Management (IPM)\*  
South African Institute of Management (SAIM)\*  
National Diplomas (where the curricula are relevant to the IAC curricula).  
\* If obtained by examination.

3. Accounting Officers for Close Corporations

A person, who has completed an accounting qualification, may be admitted as an IAC member in one of our accounting disciplines (eg. Corporate Management, Financial Accounting or Cost and Management Accounting – depending on the applicant's major subjects). To be registered as an accounting officer for close corporations, an applicant must, in addition to his/her academic qualification(s), also meet the following criteria:

To have majored in either Financial or Cost and Management Accounting.

\*To have passed Income Tax AND Corporate Law in terms of ZIMBABWE Legislation.

To have gained a MINIMUM of three relevant, practical accounting experience.

The application must be supported by an affidavit, stamped and signed by a Commissioner of Oaths, verifying the applicant's practical experience, as well as a comprehensive job description.

\*Where an applicant has not passed these subjects for his/her accounting qualification, the person may still be admitted as a member of the IAC and will be permitted to write the IAC examination in Income Tax and Company Law.

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## APPLICATION FOR MEMBERSHIP OR UPGRADING

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### 1. PERSONAL DETAILS

Mr/Mrs/Miss/Ms/Dr/Prof. (Please circle or specify other) \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Postal address: \_\_\_\_\_ Physical Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel: \_\_\_\_\_ Area Code \_\_\_\_\_

Home Fax: \_\_\_\_\_ Area Code \_\_\_\_\_

Cellphone \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2. PRESENT EMPLOYMENT

Organisation/Company name \_\_\_\_\_

Business telephone number \_\_\_\_\_ Area Code \_\_\_\_\_

Fax Number (if available) \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDRESS FOR CORRESPONDENCE: POSTAL [ ] BUSINESS [ ]**  
*(Please tick your choice)*

### 3. PRESENT POSITION

Position title \_\_\_\_\_ Date appointed \_\_\_\_\_

#### 4. MANAGEMENT LEVEL IN ORGANISATION

Senior Middle Junior

Number of employees reporting to you \_\_\_\_\_

To whom do you report?

#### His/her position in organization

**5. PREVIOUS EMPLOYMENT (in the last ten years)**

Year From	Year To	Position held	Name of organization	Number of employees reporting to you	Other Notes

(Please attach a separate list if the above space is insufficient).

Primary responsibilities in your most recent position:

## 6. ACADEMIC, TECHNICAL AND PROFESSIONAL EDUCATION

Year		Institution	Degrees, diplomas, certificates obtained
From	To		

**Note:** You are required to submit certified copies of your post-matrix qualifications in support of your application. The actual subjects passed, must be listed and certified. (Applicable to non-IAC diplomats only).

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## 7. ONLY TO BE COMPLETED BY PERSONS WISHING TO REGISTER TO THE PAAB.

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Are you currently, or have you been in the past, a member of any accounting institute or Association? If so, kindly state names of institute(s)/association(s).

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If you are no longer a member, please explain briefly the circumstances of your membership ceasing.

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Have you ever been convicted of an offence under the Companies Act, the Close Corporation Act, the Insolvency Act? Yes [ ] No [ ] If yes, please state details.

## 8. THIS SECTION TO BE COMPLETED BY IAC DIPLOMATES ONLY

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What is your IAC student number? \_\_\_\_\_

When did you complete your IAC diploma(s)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month and year).

Which IAC diploma(s) did you complete? 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

## 9. EMPLOYER NOTIFICATION

If your application for IAC membership is successful, would you like your employer to be advised accordingly?       YES       NO

If yes, for whose attention should the advice be sent? \_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_ CODE \_\_\_\_\_

#### 10. **REFEREES**

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Please have your application signed by two persons who will act as referees. The proposer should be your immediate superior who should be able to support your application by actual knowledge of your responsibilities. If you are the head of your organization, please name two business/professional associates.

If possible, your application should be proposed or seconded by an Associate, Full member or Fellow of the Institute who is willing to act as your referee.

Proposer \_\_\_\_\_ Seconder \_\_\_\_\_

Position title \_\_\_\_\_ Position title \_\_\_\_\_

Qualifications \_\_\_\_\_ Qualifications \_\_\_\_\_

Organisation \_\_\_\_\_ Organisation \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

IAC member  YES  NO      IAC member  YES  NO

IAC membership grade \_\_\_\_\_ IAC membership grade \_\_\_\_\_

#### 11. **DECLARATION**

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Have you ever been convicted of a criminal offence? \_\_\_\_\_ (If yes, please state details).

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Have you ever been insolvent, or assigned your estate? \_\_\_\_\_ (If yes, please state details)

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I hereby certify that the above particulars are correct. Should it be necessary, I hereby authorize the Institute of Administration and Commerce to make any enquiries it considers relevant to its acceptance of this application.

If admitted as a member, I agree to abide by the rules, regulations and bye-laws of the Institute of Administration and Commerce as they now exist and as they may hereafter be altered, and to use my status as a member of the Institute in an honourable manner.

I understand that the "Diploma of Membership" issued to me remains the property of the Institute. I undertake to return same should I resign, or cease to be a member through whatever cause. I also undertake to pay all my due subscriptions on a yearly basis which must be up to date from whenever I last paid plus the penalty.

I enclose my entrance and subscription fees \$ \_\_\_\_\_ (Refer to enclosed list of fees)

Method of payment: CASH/CHEQUE/FOREX (please ring appropriate method)

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

1. Grade of Membership      Associate [ ]  
                                    Full [ ]  
                                    Fellow [ ]
  
2. \_\_\_\_\_ Recommended by Compliance Manager      Signature      Date
  
  
3. Approved as \_\_\_\_\_ Member      Approved [ ]  
                                    Not Approved [ ]
  

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4. Accreditation & CEO      Signature      Date