

**CHARTERED GOVERNANCE AND ACCOUNTANCY INSTITUTE IN ZIMBABWE
(CGI ZIMBABWE)**

DIPLOMA IN FORENSIC ACCOUNTING (DFA)

DFA FORM R.1 To be completed by the applicant. **Two** certified Zimbabwean passport sized photographs are to accompany this form together with **CERTIFIED COPIES** of all educational certificates, transcripts, Birth Certificate, National ID and **proof of payment** of the **application fee** and **registration fees (personal cheques are not accepted)** and send to CGI Zimbabwe, Dzidzo House, 22-32 McChlery Ave, Eastlea, Harare or P. O. Box CY 172 Causeway, Harare. **NB. THE APPLICATION FEE IS NON-REFUNDABLE.** All fees are to be paid at the Bank. The bank is **CBZ Bank, Selous Avenue Branch, Account No. 02121960260020, Branch Code 6109** or **Standard Chartered Bank, Africa Unity Square Branch, Account No. 0100209963800**

(Please print neatly in BLOCK CAPITALS)

Date:

To: **The Chartered Governance and Accountancy Institute in Zimbabwe**

I hereby make an application to register for the Diploma in Forensic Accounting.

SURNAME:
MR / MRS / MS / MISS (DELETE INAPPLICABLE)

FORENAME(S)

NATIONAL ID No.

SIGNATURE:

For Office Use only

Assessed by:

Applicant No:

Student No:

Receipt No:

Amount:

Approved by:

PLEASE ATTACH TWO
RECENT
PASSPORT SIZED
PHOTOGRAPHS

PHYSICAL ADDRESS

POSTAL ADDRESS

CONTACT TELEPHONE NUMBERS AND EMAIL ADDRESS

MOBILE..... HOME..... BUSINESS.....

EMAIL ADDRESS

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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SEX

MALE	FEMALE
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TICK THE APPLICABLE

HOW DID YOU GET TO KNOW ABOUT DFA?

HIGHEST SCHOOL STANDARD PASSED

NB. CERTIFIED CERTIFICATE COPY (IES) MUST BE ENCLOSED

ACADEMIC QUALIFICATIONS	SUBJECT	SYMBOL	DATE
OTHER QUALIFICATIONS			

NOTE: Money Orders and Postal Orders will not be accepted by the Institute when making payment.

PERSONAL BANKING DETAILS

NAME OF BANK ACCOUNT NUMBER

ACCOUNT NAME BRANCH SWIFT CODE

EMPLOYMENT HISTORY

NAME OF PRESENT EMPLOYER

JOB TITLE

ADDRESS DATE OF EMPLOYMENT

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NAME OF PREVIOUS EMPLOYER(S)	DATES		ADDRESS
	FROM:	TO:	

FORM OF RECOMMENDATION

Date

To: **Chartered Governance and Accountancy Institute in Zimbabwe**

I hereby recommend the applicant, Mr / Mrs / Ms / Miss
to register for the Diploma in Forensic Accounting as a student of the Chartered Governance and Accountancy Institute in Zimbabwe.

Name

Signature

Official Position

Official Stamp:

This form must be signed by a senior official of the applicant's present Employer, or Principal / a former Headmaster.