

THE CHARTERED GOVERNANCE AND ACCOUNTANCY INSTITUTE IN ZIMBABWE

FORM R.1

To be completed by the applicant and submitted with **CERTIFIED COPIES** of all educational certificates, **Birth Certificate**, **National ID** and the **full registration fees (personal cheques are not accepted)** to CGI Zimbabwe, P. O. Box CY 172 Causeway, Harare. **NB. THE ENTRY FEE IS NOT REFUNDABLE IN THE EVENT OF FAILURE TO QUALIFY.** In addition, **2 certified Zimbabwean passport size photographs** are to accompany this form. **All fees are to be paid at the Bank and deposit slips handed in to the Institute. The bank is CBZ Bank, Selous Avenue Branch, Account Number 02121960260020, Branch Code 6109, and Swift Code COBZZWHA.**

(Please print neatly in BLOCK CAPITALS)

Date:

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

I hereby make an application for registration as a student of the Chartered Governance and Accountancy Institute in Zimbabwe.

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:

Cashier's Signature

Approved by:

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 CGI Zimbabwe?.....

ACADEMIC RECORD: Have you passed University Entrance level? YES / NO. If YES, state date and name of examining body If NO, state highest school level passed

'O' LEVEL	SUBJECT	SYMBOL	DATE
'A' LEVEL	SUBJECT	SYMBOL	DATE
TERTIARY EDUCATION	SUBJECT	SYMBOL	DATE

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.....

.....

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

FORM OF RECOMMENDATION

Date

To: the Chartered Governance and Accountancy Institute in Zimbabwe

I hereby recommend the applicant, Mr / Mrs / Miss
for registration 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 member of the Institute (who is either an ACG or FCG), a senior official of the applicant’s present, or a former / current Headmaster / Principal.