

SECTION 4: DECLARATION (To be completed by all applicants)

I hereby certify that the above particulars are correct. Should it be necessary, I hereby authorise I.A.C to make any enquiries relevant to its acceptance of this application. All copies of educational and ID are certified by the commissioner of oaths. I agree that my Signature on this form binds me to the Institute's conditions relating to students.

I accept that the registration and re-registration is non-refundable, regardless whether or not I choose to enter for an examination during the current academic year.

I undertake to pay my fees by due date. If I wish to resign my student membership will give three months notice in writing and immediately pay all money owing for previous years I was dormant.

I understand that a separate examination entry form must be completed and received at the office with the fees by the prescribed closing date in order that I may be entered for an examination.

PLEASE NOTE: You are required to pay library fee which is a one-off payment. Also note that on every exam sitting you are required to pay centre fee.

SIGNATURE..... DATE:...../...../.....



STUDENT FIRST TIME REGISTRATION FORM
Please read the following instructions carefully before completing this form in black letters.

SECTION 1: PERSONAL DETAILS

IAC Student Number:.....

Title Mr. Mrs. Ms.

Surname:.....

First Name:.....

Residential Address:.....

ID Number:.....

Date of Birth:...../...../.....

Telephone Work (.....).....

Home: (.....)..... Fax:.....

Cell:.....

E-mail:.....

SECTION 2: STATE WHICH IAC PROGRAMME YOU WANT TO STUDY
(Tick the appropriate box)

PRELIMINARY WITH 5 'O' LEVEL ONLY

ACCOUNTING MARKETING MANAGEMENT

HUMAN RESOURCES PURCHASING & MATERIALS MGT

HIGHER DIPLOMA 5 'O'+2 'A' LEVEL PASSES & ABOVE

COST & MANAGEMENT ACCOUNTING

CORPORATE MANAGEMENT

FINANCIAL ACCOUNTING

HUMAN RESOURCE MANAGEMENT

OFFICE ADMINISTRATION

MARKETING MANAGEMENT

PUBLIC RELATIONS

PURCHASING & MATERIALS MANAGEMENT

TRANSPORT & LOGISTICS MANAGEMENT

SECTION 3: STATE WHICH EXAMINATION CENTRE YOU WISH TO WRITE
(Tick the appropriate box)

BULAWAYO CHINHOMI

GWANDA GWERU

HWANGE HARARE

MASVINGO MUTARE

PRIVATE

SECTION 4: EMPLOYMENT DETAILS

Are you currently employed Yes No

RECORD OF EMPLOYMENT

Name of Employer:.....

Period of Employment:.....

Duties:.....