

INSTITUTE OF CHARTERED SECRETARIES AND ADMINISTRATORS IN ZIMBABWE

Tel: 04 – 702240-1; 700553 – 5

**Diploma in Forensic Accounting (DFA)
Application for Exemption from Examinations**

FOR OFFICE USE ONLY	
AMOUNT:
RECEIPT No.:
APPROVED:
DATE:

This form must be lodged with the Secretary, P O Box CY 172, Causeway, Harare **enclosing your remittance and certified copies of certificates and transcripts.** Enter your name and student number on the Bank Deposit Slip. Post the exemption form together with the deposit slip to the Institute.

Date:

DFA STUDENT No. **DATE OF BIRTH**

FULL NAME
MR / MRS / MS / MISS (DELETE INAPPLICABLE)

POSTAL ADDRESS
.....
.....

HOME TELEPHONE No...... **BUSINESS TELEPHONE No.**

CELL No. **EMAIL ADDRESS**

PERSONAL BANKING DETAILS (for use where a refund is applicable)

ACCOUNT NAME

BANK **BRANCH**

ACCOUNT No. **BRANCH CODE**

SWIFT CODE
(IF APPLICABLE)

TO THE INSTITUTE’S COUNCIL: -

In terms of the Institute’s regulations I hereby apply for exemption from the following subjects in the Institute’s examinations by virtue of the degree(s) or diploma(s) stated.

I enclose a certified copy of such degree or diploma certificates together with evidence of the subjects or courses passed (where these are not stated on the certificate).

Payment should be made directly into CBZ Bank, Selous Avenue Branch, Account Number 02121960260020, Branch Code 6109, and Swift Code COBZZWHA. The deposit slip plus relevant copies of forms should be submitted to the office.

I enclose \$..... for **each subject** from which I seek exemption. **Total amount enclosed \$**

The subject(s) for which exemption is sought are: -

- | | |
|--------|---------|
| 1..... | 6..... |
| 2..... | 7..... |
| 3..... | 8..... |
| 4..... | 9..... |
| 5..... | 10..... |

The Degree(s) or Diploma(s) which I hold are as follows: -

- | | |
|--------|-----------------|
| 1..... | awarded by..... |
| 2..... | awarded by..... |
| 3..... | awarded by..... |