



**THE ZIMBABWE INSTITUTE
OF CERTIFIED CUSTOMS &
EXCISE EXPERTS TRUST**

41 Central Avenue, Harare
+263 4 701901
+263 777 850 251
theboard@ziccet.co.zw
www.ziccet.coz.w

THE ZIMBABWE INSTITUTE OF CERTIFIED CUSTOMS AND EXCISE EXPERTS TRUST

REGISTRATION FORM

I hereby make an application to be registered as a member of the Zimbabwe Institute of Certified Customs and Excise Experts Trust.

I undertake that if I am admitted I will, as long as I remain a member, comply with the rules and Regulations of the Institute.

I declare that the information in the application is true and complete.

PERSONAL DETAILS

Surname	
Full First Names	
Date of Birth	
National ID	
Sex	

HOME and work addresses

Home physical address	
Home postal address	
Work physical address	
Work postal address	

Contact numbers and e-mail

Telephone: Home	
Telephone: Work	
Cell:	
E-mail address	

Management board: Willard Mushove (Chairman) Wellington Mugabe (Secretary) Austin Wamedza, Elisha Tshuma, Inviolata Sithole, Juliet Matare, Sweeten Mpofu

Next of kin

Name	
Surname	
Home address	
Work address	
Contact numbers	

Please attach the following documents:

1. Certified copies of certificates to support examinations passed, degrees and diplomas attained and professional qualifications.
2. Certified copies of membership certificates for Professional Institutes if any
3. Certified copy of birth certificate
4. Curriculum Vitae
5. Certified copy of National Identity Card
6. 2 Passport photos
7. Upon admission, the applicant will pay a joining fee equivalent of USD35 (once off payment) and annual subscription fees as set by the Institute currently set at an equivalent of USD70.

Applicant`s signature.....

Date:

Kindly submit the application form and attachments to 41 Central Avenue Harare or e-mail to: theboard@ziccet.co.zw

ZICCET Approval

Human Capital Development: Recommended / Not recommended.....
.....

Signature: **Date:**

Vice Chairman: Recommended/ Not recommended.....
.....

Signature: **Date:**

Secretary: Recommended / Not recommended.....
.....

Signature: **Date:**

For Office use only	
Membership class	
Date of approval	
Joining fees receipt number	
Membership number	