2 CORK ROAD BELGRAVIA HARARE, P O BOX CY 2138, CAUSEWAY, HARARE Tel: +263 242 740074, +263 772137039, +263772137047 E-mail:

admin@pcz.co.zw, Website: www.pcz.co.zw

APPLICATION FOR A CERTIFICATE OF GOOD STANDING

| Requirements | Comments |
|--|----------|
| 1. Completed application form | |
| 2. Testimonial letters from two senior Professional colleagues | |
| 3. Detailed C. V | |
| 4. Payment of appropriate fees | |
| 5. Registered with the Council | |
| 6. Proof of CPD | |
| 7. Valid Practicing Certificate | |
| 8. Clearance letter from MCAZ | |
| 9. Post Registration experience (3 years) | |
| 10. Two Recent Passport Photographs | |
| 11. Date of Transfer from Provisional Register (were applicable) | |

Registrar Verified the Documents

PCC-Chairperson's comments