IoDZ MEMBERSHIP & DATA APPLICATION FORM

I hereby apply for membership of the **Institute of Directors Zimbabwe** in the category indicated. I agree to be bound by the Institute of Directors Zimbabwe's constitution and By-Laws. I confirm that I do not have any unspent criminal convictions (Excluding traffic convictions), that I am not an undischarged bankrupt and that I am not disqualified by court order from being a director. I undertake to conduct myself in a manner which would be expected of a member of a reputable professional institute, and further undertake not to represent publicly the views of the IoDZ or to claim its support, without prior approval of the IoDZ management, or its Chairman.

Please use Capitals and provide additional information on separate sheet or submit brief C.V.

MEMBERSHIP CATEGORY	ASSOCIA [®] ORDINAF	TE/ FE	ELLOW GRADE	RESIDENT	RESIDENT	RETIRED						
(PLEASE TICK					WHERE							
APPROPRIATE BOX)	A M											
PERSONAL DETAILS												
Title Surname												
First Names	Prof.Quals. (Initials)											
Date of Birth												
Home Address												
Telephone Number Fax Number												
Personal E-Mail	il P O Box Number											
Address												
Date	-		Signatu	re								
BUSINESS DETAIL	S											
Corporate Name												
Address												
Telephone				Fax Numb	per							
Numbers												
Business E-Mail				P O Box N	Number							
Address												
Main Activity of Busin	ness											
Annual Turnover		No	o. of Direct		No. of Employee							
Company Registration No.			Mail Addr	ress Preferred	Home	Office						
PERSONAL BUSIN												
				al Director/Comp								
(Delete the inapplicable)	Partner/Managir	ng Partner/So	ole Trader	/Other (please s	pecity)							
Full Job Title												
Reporting to (job title												
No. of Years Busin			No.	of Years as Di	rector							
Experience												
Attended the IoDZ C	ourse "The Role	e of a	Yes	No	If yes, Da	ite						
Company Director					-							
The Training Program	mme for	Yes	No (Or Any other Cor	porate	Yes No						
Directors (TPD)				Governance Course								

Please return this completed form and attach your CV to: Celestial Park, Unit E, Block1, First Floor, Borrowdale, Harare, Zimbabwe or e-mail to: membership@iodz.co.zw or call 04 885071 / 72 / 80 / 96

DUIT	Borrowaale, Hurare, Zimbabwe or e-mail to: <u>membership@toa2.co.2w</u> or call 04 883071772780790											
For	Approved	Approved	Approved	Approved	Date:.	Signature:	•	Signature		Membership		Effective
Office	as	as	as	as						number		Date:
Use	Member	Associate	Retired	Fellow						Issued		
		member	Member									