

FIRST SCHEDULE

(Regulation 2, 3,4,5,6,8,9,13,14 and 17)

Form I
Regulation 2(I)
(To be completed in triplicate)



REPUBLIC OF ZAMBIA

The Agricultural Institute of Zambia Act, 2017

(Act No. 2 of 2017)

The Agricultural Institute of Zambia (General) Regulations, 2018

APPLICATION FOR REGISTRATION AS AGRICULTURAL PROFESSIONAL					
Please complete in block letters		Shaded fields for official use only		Application No.	
				Date and Time	
Information Required		Information Provided			
PART I					
PARTICULARS					
1.	(a) Surname (block capitals)				
	(b) Other names				
	(c) Title (please tick one)	Mr/Ms/Mrs/Dr/Prof			
2.	Sex (Tick (✓) where applicable)	Male		Female	
3.	Date of birth (dd/mm/yyyy)				
4.	Place of birth	Town		Country	
5.	Nationality				
6	(a) National Registration Card No.				
	(b) Place of issue				
	(c) Date of issue (dd/mm/yyyy)				
7	Address				
	(a) Physical address				
	(b) Postal address				
8	Contact details				
	(a) Telephone No.				
	(b) Fax No.				
	(c) Mobile No.				
	(d) Email address				
EDUCATIONAL BACKGROUND					
9.	Technical Collage or University attended (give details)	Qualification			Year obtained
10.	Specialization				
11.	Professional examination passed (give dates)				

12.	Classes and category of membership			
PART II EMPLOYMENT RECORD				
13.	Present employment			
	(a) Name of Employer			
	(b) Position held			
	(c) Date of appointment			
	(d) Nature of work undertaken			
14.	Previous employment (whole career to date)			
	Name of employer	Date/period Employed	Position held	Nature of work undertaken
15.	Appendices			
	Certified copies of all certificates and NRCs for Zambians and Passport information page for non-Zambians			
	Application fee enclosed			

DECLARATION

I declare that the information furnished by me is true, correct and complete to the best of my knowledge

I understand that any incorrect, misleading or untrue information or the withholding of any relevant information may affect my registration as an agricultural professional

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Name of applicant

.....

Signature

.....

Date

FOR OFFICIAL USE ONLY

Received by:

Officer (Name and Signature)

.....

Date

Application Fee Received:.....

Receipt No.:.....

Date Presented to the Registrar:.....

Decision:.....

Date applicant informed of the decision:.....

Fee for registration received:.....

Registration number:.....

Remarks:.....

.....

OFFICIAL
STAMP