

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.

SECTION A: APPLICANT INFORMATION

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

MEMBERSHIP CATEGORY <small>(FOR OFFICE USE ONLY)</small>	STUDENT	FUTURE DIRECTOR	CERTIFIED DIRECTOR		RETIRED	
			MEMBER	FELLOW	YEAR	
PERSONAL DETAILS						
Title	Surname					
First Names	Prof. Quals. (Initials)					
Date of Birth	ID Number	Golfer	Yes	No		
Home Address						
Telephone Number			Nationality			
Personal E-Mail Address			Harare Resident (Tick if Yes)	Other (Specify		
Date	Signature					
WORK/ COMPANY DETAILS						
Corporate Name						
Address						
Telephone Numbers			Fax Number			
Business E-Mail Address			P O Box Number			
Main Activity of Business						
Annual Turnover		No. of Directors	No. of Employees			
Company Registration No.		Mail Address Preferred	Home	Office		
PERSONAL WORK DETAILS						
Status <i>(Delete the inapplicable)</i>	Registered Company Director/Divisional Director/Company Executive/ Partner/Managing Partner/Sole Trader/Other <i>(please specify)</i>					
Full Job Title						
Reporting to (job title)						
No. of Years - Work/ Business Experience		No. of Years as Director				
Recommended to Apply By: /On Which Platform		Name of Referee:	Platform Learnt About IODZ Membership			
Attended the IoDZ Course "The Role of a Company Director		Yes	No	If yes, Date		
The Training Programme for Directors (TPD)		Yes	No	Or Any other Corporate Governance Course		Yes No

Please return this completed form and attach your CV to: 16 Arundel Road, Alexandra Park , Harare, Zimbabwe or e-mail to: membership@iodz.co.zw or call 04 885071 / 72 / 80 / 96 and WhatsApp 0782 213 918

For Office Use	Approved as Future Director	Approved as Member	Approved as Fellow	Approved as Retired Member	Assessed Date:.	Assessed By:	Recommended Signature:	Approved Signature:	Membership number Issued	Certificate Issued
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SECTION B: DIRECTOR PLACEMENT

Director Placement Application Form (For Individual Applicants)

*Highest Educational Qualifications	Period (yrs)
1.	
2.	
*Current Directorships Held	
	Period (yrs)
1. Executive Directorship •	
2. Non-Executive Directorship •	
*Past Directorships Held	
	Period (yrs)
1. Executive Directorship •	
2. Non-Executive Directorship •	
*Directorships Abroad	
	Period (yrs)
1. Executive Directorship •	
2. Non-Executive Directorship •	
*Field of Experience	
	Period (yrs)
1.	
2.	
*International Experience	
	Period (yrs)
1.	
2.	

Key Skills and Attributes

Please attach your updated CV and a JPEG or passport photo.

Signature _____

SECTION C: VALIDATION

NB: Indicate your answer by ticking in the box

No.	Questions	Yes	No
1	Have you ever been placed under curatorship?		
2	Have you ever been a defendant, an accused or a respondent, either in your personal capacity or in a representative capacity, in a civil proceeding, regulatory- or tribunal enquiry, in a disciplinary proceeding, or other any other type of formalized enquiry relating to your personal or professional conduct?		
3	Have you ever been seized, surrendered your estate, or in the case of an incorporated entity, have an order for the provisional winding-up of the Member been made?		
4	Have you ever been a defendant or accused in a criminal proceeding?		
5	Have you ever been removed, disqualified, or otherwise barred by a competent authority?		
6	Have you ever been removed, disqualified, or otherwise barred by a competent authority, from serving in a position of trust such as a director, member, trustee, executor, or curator?		
7	Are there any concluded, ongoing, potential, or pending actions or proceedings against you?		
8	Are there any concluded, ongoing, potential, or pending actions or proceedings against you which, if you were an IoDZ member, may pose a reputational or other risk to the IoDZ?		
9	Have you been refused registration or membership of any professional body, or have you had such registration or membership revoked, withdrawn, or terminated by any professional body as a result of your personal or professional conduct?		

Code of conduct

As a member of the IoDZ, I commit:

And as an individual charged with governance duties in a company or organisation (s), I commit:-

- 1) To serve the best interest of the company or organisation with care, skill, diligence, and faith.
- 2) To be responsible for the actions and assets of the company or organisation and for keeping the company or organisation on a strategic path.
- 3) To be accountable to shareholders and other stakeholders for decisions and actions of the company or organisation.
- 4) To be fair to shareholders and other stakeholders of the company or organisation by considering the legitimate interests of those who are affected by the organisation.
- 5) To be transparent by disclosing information that will enable shareholders and stakeholders to hold the company or organisation to account and that provides a holistic representation of the organisation's past performance and its prospects for the future.
- 6) To comply with the law.
- 7) To uphold the reputation of the IoDZ.
- 8) To advance the IoDZ's objective of promoting sound governance and responsible directorship.

LIABILITIES

Any member who contravenes any provision of this code shall appear before a Judicial Committee of the IoDZ and if found guilty may face any of the following liabilities:

- be suspended.
- or have their membership cancelled.

SECTION D: DISCLAIMER

I.....hereby, apply for the Individual membership of the IoDZ and agree to be bound by its constitution, the code of conduct, rules and regulations.

Applicant Signature: **Date:**

SECTION E: CHECKLIST

NB: Indicate you have attached the following by ticking

No.	Items	Yes	No
1	Academic Certificates		
2	National Identification		
3	Curriculum Vitae		
4	Passport Size Photo		
5	Signature on Section A, Section B & Section D		