

Zimbabwe Chemical Society

PROFESSIONAL CORPORATE MEMBERSHIP APPLICATION FORM

Our Ref: _____

Date _____

Your Ref: _____

PART 1

TO BE FILLED BY THE APPLICANT IN BLOCK LETTERS IN APPLICANTS OWN HAND WRITING

1. NAME OF INSTITUTION _____

2. NAME/NAMES OF DIRECTOR (S)

NAME	ID. NUMBER	CELL PHONE No.

3. PERMANENT ADDRESS OF INSTITUTION

(a) (i) Postal Address

(ii) Physical Address

4. (a) NAME OF COMPANY SUPERINTENDENT (SHALL BE REFERED TO AS PREMISES SUPERINTENTENT)

(Registered Chartered Scientist/FCTech and ZCS Registration Number)

(b) PROFESSIONAL QUALIFICATION(S)

(i)

(ii)

(iii)

(ATTACH LEGIBLE CERTIFIED COPIES OF RELEVANT DOCUMENTS AND A DETAILED CV)

Superintendent Signature: _____

Date _____

In case where such a CChem/FCTech is not a shareholder, the chartered scientist must be appointed in writing and the board will recognize acceptance letter (please see role of chartered scientist/Fellow Chartered technologist).

Annex A

THE ROLE OF A SUPERINTENDENT

The superintendent is a person whose academic certificates, Registration certificate and valid practice license has been submitted to the ZCS for the purpose of the registration of the company or institution.

ELIGIBILITY TO SUPERINTENDENT

1. A superintendent shall only be legible to superintend over a registered premise if she/he holds a valid chartered/fellow chartered practice license issued by ZCS. The superintendent shall be responsible for directing or managing the premises operations in a professional manner by ensuring that it upholds, adhere and maintain professional code of conduct (standards; ethics and norms). S/he shall be responsible/answerable to any or all forms of misconduct, deviation or any infringement thereto.

2. Any person(s) who wants to apply for registration of premises shall complete the application forms in his own hand writing and provide all the necessary documents as may be prescribed by the Board.

3. A body corporate/ Limited liability company may apply to operate more than one premise (as branches.) However, each set of premise shall apply for its own membership.

4. The board shall be notified in writing at least 30 days prior to any changes affecting the following **Change of ownership** including change of:

- i. directors etc.
- ii. Superintendent
- iii. Change in registered premises i.e physical address, building etc.
- iv. Nature of business.
- v. Any other significant changes

Annex B

Institutions registered under this category are as follows:

- a. Schools that operate a chemical laboratory or teaches chemistry from O Level.
- b. Tertiary Institutions that operates a chemical laboratory or teaches accredited courses.
- c. Private laboratory that uses chemical principles to get data.
- d. Companies that apply chemical principles (manufacturing; processing or extracting) or uses chemicals or store chemicals or transport chemicals (liquid; gaseous or solid) or emits and discharges chemicals into the environment.

PART II
DECLARATION BY APPLICANT (SUPERINTENDENT)
(To be filled in Capital Letters)

I (Full Name) _____ Registration No. _____

Declare that: -

- (a) I am eighteen/over eighteen years old.
- b) I am to the best of my knowledge in a physical and mental state of health to be able to carry out the responsibilities required of me by the profession.
- (c) I have not impersonated anybody on any issue related to the profession or otherwise.
- (d) I have not altered, falsified or uttered any document/(s) related to the profession or otherwise.
- (e) I am free from any criminal record/(s), conviction/(s) related to the profession or otherwise.
- (f) I am of good profession/ethical standing as required by the professional Code of Conduct and Ethics
- g) I will at all times in the practice of my profession observe and strictly maintain, adherence to the provisions and requirements of the professional Code of Conduct and Ethics.

Signature: _____

Date: _____

PART III
FOR OFFICIAL USE ONLY

Date of Application _____

Application No. _____

Date Application of receipt _____

Received Receipt No. _____

Approved/Not Approved _____

Approval Date _____

Registrar Signature: _____

Date: _____

Executive President (Name and Signature):

Date: _____

NOTE: ONLY ORIGINAL PHOTOCOPIES WILL BE ACCEPTED