

# IMPACT ASSESSMENT ASSOCIATION OF ZAMBIA (IAAZ)

P.O. Box 35958 Lusaka. Zambia. 0975835882/0955996383/0955857994  
Website: www.iaaz.org



*Impact Assessment Association of Zambia (IAAZ)*

## FOR OFFICIAL USE

Date received: .....

Received by: .....

Signature .....

Course applied for: .....

Amount paid: .....

Sponsorship (state category): .....

Registration Number: .....

## APPLICATION FOR TRAINING, INDABA AND SPONSORSHIP REGISTRATION

### PART A: PARTICULARS OF APPLICANT.

1. First Name(s): .....

2. Surname: .....

3. Title: (Mr./ Mrs./ Ms./ Dr.) Other Specify.....

4. Nationality: .....

5. Permanent Residential Address .....

.....

6. Current Postal Address .....

.....

Email: .....

Tel/ Fax..... Mobile: .....

7. Employer or Business Name: .....

Address: .....

8. Course Applied for: .....

**PART B: FOR SPONSORS ONLY**

Name of sponsor/ Business Name.....

Address: .....

Current Postal Address .....

.....

Email: .....

Tel/ Fax..... Mobile: .....

Sponsorship category (please tick the category)

<b>GOLD</b>	<b>PLATINUM</b>	<b>SILVER</b>	<b>BRONZE</b>

**DECLARATION:** I ..... (Full Names) hereby certify and declare that the particulars given on this form are true to the best of my knowledge.

**Signature of Applicant** ..... **Date** .....

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BANK DETAILS

**ACCOUNT NAME: IMPACT ASSESSMENT ASSOCIATION OF ZAMBIA**

**BANK NAME: INDO ZAMBIA BANK**

**BRANCH: INDOBANK NORTHEAST**

**ACCOUNT NO.: 0052030000501**

**SORT CODE: 090005**

**SWIFT CODE: INZAZMLX**