

GOVERNMENT OF ZAMBIA

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STATUTORY INSTRUMENT NO. 54 OF 2018

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**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

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**The Agricultural Institute of Zambia (General) Regulations, 2018**

IN EXERCISE of the powers contained sections 16, 18 and 53 of the Agricultural Institute of Zambia Act, 2017, the following Regulations are made:

- |  |   |
|--|---|
| 1. These Regulations may be cited as the Agricultural Institute of Zambia (General) Regulations, 2018.   | Title   |
| 2. (1) A person shall apply to the Institute for registration as an agricultural professional in Form I set out in the First Schedule.                 | Application for registration as agricultural professional |
| (2) The Institute shall within thirty days of the receipt of an application under subsection (1)—  |   |
| (a) approve the application, if the applicant meets the requirements of the Act and these Regulations; or  |   |
| (b) reject the application, if the applicant does not meet the requirements of the Act and these regulations.  |   |
| (3) The Institute may request for further information in respect of an application in Form II set out in the First Schedule.                           |   |
| (4) The Institute shall, where it rejects an application, inform the applicant of the rejection in Form III set out in the First Schedule.             |   |
| 3. The qualifications and experience specified in the Second Schedule are recognised for the purposes of registration as an agricultural professional. | Qualification for registration                            |

|   |   |
|---|---|
| Certificate of registration                                     | 4. The Institute shall, where the Institute approves an application for registration of an agricultural professional, issue a certificate of registration in Form IV set out in the First Schedule.   |
| Notice of change of particulars                                 | 5. A registered agricultural professional shall notify the Institute of any change in the registered agricultural professional's particulars in Form V set out in the First Schedule.   |
| Application for practicing certificate                          | 6. (1) A person shall apply to the Institute for a practicing certificate in Form VI set out in the First Schedule.<br>(2) A practicing certificate shall be in Form VII set out in the First Schedule.   |
| Practising certificate non-transferrable                        | 7. A practicing certificate shall not be transferred to a third party.  |
| Suspension and cancellation of practising certificate           | 8. (1) The Institute shall cancel or suspend the practicing certificate of an agricultural professional if that agricultural professional—<br>(a) commits an offence under the Act;<br>(b) obtains the practicing certificate by fraud, misrepresentation or concealment of a material fact;<br>(c) is found guilty of professional misconduct;<br>(d) is declared to be mentally or physically incapable of practising;<br>(e) is an undischarged bankrupt; or<br>(f) is disqualified from practising as an agricultural professional.<br>(2) The Institute shall, before cancelling a practising certificate inform the holder of the intention to cancel the practising certificate in Form VIII set out in the First Schedule.<br>(3) A notice of the cancellation of the practising certificate shall be in Form IX set out in the First Schedule. |
| Duplicate certificate of registration or practising certificate | 9. (1) A person whose certificate of registration or practising certificate is destroyed or lost may apply to the Institute for a duplicate certificate of registration or practising certificate in Form X set out in the First Schedule.<br>(2) The Institute shall, within fourteen days of the receipt of an application under sub-regulation (1), issue a duplicate practising certificate to the applicant.   |
| Register  | 10. (1) The Institute shall maintain a Register of agricultural professionals which shall specify—<br>(a) the names and addresses of the registered agricultural professionals;   |

- (b) the applications rejected and the reasons therefor;
- (c) the notices issued under these Regulations; and
- (d) any other information relevant for the purposes of the Act.

(2) The Registrar may cause the alteration to be made to the Register in accordance with the purposes of the Act.

11. (1) The Institute shall remove an agricultural professional from the Register if—

Removal  
from register

- (a) the agricultural professional is convicted of an offence under any law;
- (b) the Institute has reasonable grounds to believe that the registration was obtained through concealment of any material fact;
- (c) the certificate of registration or practising certificate of the agricultural professional is cancelled; and
- (d) the agricultural professional is found guilty of professional misconduct under the Act.

(2) An agricultural professional shall be restored to the Register on such grounds as the Board may determine on an application in the prescribed manner and form and payment of the fee set out in the Third Schedule.

12. (1) The Register shall be kept in the form of a looseleaf volume, one page of which shall be set aside for the entries relating to each registered person and any alteration in the registered particulars relating to that person shall be endorsed by the Registrar on the page so set aside.

Form of  
register

(2) Where the name of a person is erased from the Register, the Registrar shall, after endorsing on the page containing the entries relating to that person the circumstances in which and the date on which the erasure was made, remove the page from the Register and retain it in a separate file.

13. (1) The Institute shall consist of the following categories of membership:

Categories  
and classes  
of  
membership

- (a) Agricultural professional scientist;
- (b) Agricultural professional technician;
- (c) Agricultural crafts technician; and
- (d) Honourary and life.

(2) Agricultural professional scientist membership is open to a person who is a—

- (a) fellow;
- (b) professional member; or
- (c) graduate member.

(3) Agricultural professional technician membership is open to a person who is a—

- (a) certified technician;
- (b) technician; or
- (c) trainee technician.

(4) Agricultural crafts technician membership is open to a person who is a—

- (a) master craftsperson;
- (b) craftsperson; or
- (c) trainee craftsperson.

Membership  
certificate

14. The Institute shall issue a certificate to a person registered as a member of the Institute in Form XII set out in the First Schedule.

Annual  
subscription

15. (1) A member shall pay to the Institute an annual subscription applicable to the class of membership to which the member belongs, on or before the 1<sup>st</sup> February of each year.

(2) The Institute shall not renew the membership of a member who fails to pay the annual subscription within the period specified under sub-regulation (1).

Appeals

16. A person aggrieved with the decision of the Institute may appeal to the Minister in Form XIII set out in the First Schedule.

Fees

17. The fees prescribed in the Third Schedule shall be payable in respect of the matters stated therein.

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



REPUBLIC OF ZAMBIA

Form I  
(Regulation 2(1))  
(To be completed in triplicate)

**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   |  |         |   |
| <i>Information Required</i>                               | <i>Information Provided</i>                                   |                 |  |         | √ |
| <b>PART I<br/>PARTICULARS</b>                             |   |                 |  |         |   |
| 1.  | (a) Surname (block capitals)                                  |                 |  |         |   |
|   | (b) Other names   |                 |  |         |   |
| 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 phone No.  |                 |  |         |   |
|   | (d) Email address   |                 |  |         |   |
| <b>EDUCATIONAL BACKGROUND</b>                             |   |                 |  |         |   |
| 9.  | School, Technical College or University attended (give dates) |                 |  |         |   |
| 10.   | Course of study   |                 |  |         |   |
| 11.   | Professional examination passed (give dates)                  |                 |  |         |   |
| 12.   | Classes and category of membership                            |                 |  |         |   |

|     |   |                      |                |                           |
|-----|---|----------------------|----------------|---------------------------|
|     | PART II<br>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 | Positions held | Nature of work undertaken |
|     |   |                      |                |                           |
|     |   |                      |                |                           |
| 15. | Appendices  |                      |                |                           |
|     | Certified copies of all certificates are enclosed |                      |                |                           |
|     | Application fee enclosed                          |                      |                |                           |

DECLARATION

I declare that the information furnished by me in this application 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.

.....

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 decision: .....

Fee for registration received: .....

Registration number: .....

Remarks: .....

.....

OFFICIAL  
STAMP



REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**REQUEST FOR INFORMATION**

(1) Here insert  
full names  
of applicant

To: (1) .....

Address: .....

.....

Reference No.: .....

You are requested to furnish the following information or documents in  
respect of your application for registration as an agricultural professional:

(a).....

(b).....

(c).....

(d).....

within ..... days of this notice. If you fail to furnish  
the requested information, your application will be treated as invalid and  
shall be rejected.

Dated this ..... day of ....., 20.....

.....  
*Registrar*



REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**NOTICE OF REJECTION OF APPLICATION**

- (1) Here  
insert the  
full names  
and  
address of  
applicant
- (2) Here  
insert the  
reference  
No. of the  
application
- (3) Here  
insert the type  
of application

To: (1) .....

REFERENCE NO. (2) .....

You are notified that your application for (3) registration/renewal of  
registration as an agricultural professional has been rejected on the  
following grounds:

- ①.....
- ②.....
- ③.....
- ④.....

Dated this ..... day of ....., 20.....

.....  
*Registrar*

Form IV  
(Regulation 4)



REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**REGISTRATION NO.:** .....

**CERTIFICATE OF REGISTRATION OF AGRICULTURAL PROFESSIONAL**

Surname: .....

First Name(s) .....

Name of firm/business: .....

Address.....

Given on the ..... day of ..... 20 .....

Date of expiry: .....

This is to certify that the person named on this Certificate has complied with the provisions of section 19 of the Agricultural Institute of Zambia Act, No. 2 of 2017.

.....  
*Chairperson*

.....  
*Registrar*

Date: .....

Date: .....

**NOTE:**

This Certificate is only valid if it bears the seal of the Agricultural Institute of Zambia.



Form V  
(Regulation 5)

REPUBLIC OF ZAMBIA

The Agricultural Institute of Zambia Act, 2017  
(Act No. 2 of 2017)

The Agricultural Institute of Zambia (General) Regulations, 2018

NOTICE OF CHANGE OF PARTICULARS

- (1) Here insert the registration No.  
(2) Here insert the full names of the holder  
(3) Here insert physical and postal address of the applicant  
(4) Here specify the detail which has changed

To: THE REGISTRAR  
REFERENCE NO. (1).....  
I (2) .....  
of (3) .....  
notify your office that on the ..... day of ....., 20.....,  
my (4) ..... changed as follows:

| Previous Details | Current Details |
|------------------|-----------------|
|                  |                 |
|                  |                 |
|                  |                 |

Dated this ..... day of ....., 20.....

.....  
*Signature of Holder*

FOR OFFICIAL USE ONLY

Received by: .....  
*Name of officer* *Signature*

OFFICIAL  
STAMP

Date: ....., 20 .....

ENDORSEMENT OF REGISTRATION

This notice has, this ..... day of ....., 20 .....,  
been entered in the Register.

.....  
*Registrar*



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 PRACTISING CERTIFICATE |   |                 |          |
|--|---|-----------------|----------|
| Please complete in block letters       | Shaded fields for official use only   | Code            |          |
|  |   | Date and Time   |          |
| Information Required                   | Information Provided  |                 |          |
| <b>PART I<br/>PARTICULARS</b>          |   |                 |          |
| 1.                                     | (a) Surname   |                 |          |
|  | (b) Forename  |                 |          |
| 2.                                     | Nationality   |                 |          |
|  | (a) National Registration Card No   |                 |          |
|  | (b) Place of issue  |                 |          |
|  | (c) Date of issue (dd/mm/yyyy)  |                 |          |
| 3.                                     | Notification Address  |                 |          |
|  | (a) Physical address  |                 |          |
|  | (b) Postal address  |                 |          |
|  | Contact details   |                 |          |
|  | (a) Telephone No.   |                 |          |
|  | (b) Fax No.   |                 |          |
|  | (c) Mobile phone No.  |                 |          |
|  | (d) Email address   |                 |          |
| 4.                                     | Profession in respect of which application is made  |                 |          |
| 5.                                     | Type of certificate held by applicant ( <i>State certificate No. and scope of profession</i> )  |                 |          |
| 6.                                     | Continuous professional development undertaken since last registration  |                 |          |
| 7.                                     | Name of Employer  |                 |          |
| 8.                                     | Address of Employer   |                 |          |
| 9.                                     | Certificates previously held by the applicant under the Agricultural Institute of Zambia Act, 2017 or similar legislation outside Zambia<br><br>(attach certified copies) | Certificate No. | Location |
|  |   |                 |          |
|  |   |                 |          |

|   |  |                           |                   |                     |   |
|---|--|---------------------------|-------------------|---------------------|---|
| 10.   | Certificates currently held by applicant in Zambia, if any, under the Agricultural Institute of Zambia Act, 2017   | Certificate No. and Type: | Location          |                     |   |
| 11.   | Have you ever been convicted of an offence involving fraud or dishonesty or of any offence under the Agricultural Institute of Zambia Act, 2017, or any other law within or outside Zambia?<br><br>If yes, specify details:.....<br>Nature of offence.....<br>Date of conviction:.....<br>Sentence:..... |                           |                   |                     |   |
| 12.   | Have you ever applied for a certificate of registration under the Agricultural Institute of Zambia Act, 2017?<br><br>If yes, please give details below:  |                           |                   |                     |   |
| 13.   | Certificate applied for:   | Location                  | Scope of Practice | Date of application | Status of application (Granted, rejected or pending)* |
|   |  |                           |                   |                     |   |
|   |  |                           |                   |                     |   |
|   |  |                           |                   |                     |   |
|   | *if application was rejected, give reasons for rejection:  |                           |                   |                     |   |
| 14.   | <b>Appendices</b>  |                           |                   |                     |   |
|   | - Certified copies of all certificates   |                           |                   |                     |   |
|   | - Application fee  |                           |                   |                     |   |
| <b>FOR OFFICIAL USE ONLY</b>  |  |                           |                   |                     |   |
| Received by: .....<br><i>Officer (Name and Signature)</i> <i>Date</i> |  |                           |                   |                     |   |
| Application Fee Received: ..... Receipt No.: .....                    |  |                           |                   |                     |   |
| Date presented to the Registrar: .....                                |  |                           |                   |                     |   |
| Decision: .....   |  |                           |                   |                     |   |
| Date applicant informed of decision: .....                            |  |                           |                   |                     |   |
| Fee for registration received: .....                                  |  |                           |                   |                     |   |
| Registration number: .....  |  |                           |                   |                     |   |
| Remarks: .....<br>.....   |  |                           |                   |                     |   |
| <div>OFFICIAL<br/>STAMP</div>   |  |                           |                   |                     |   |



Form VII  
(Regulation 6(2))

REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

CERTIFICATE No. ....

**PRACTISING CERTIFICATE**

Holder's name: .....  
Address: .....  
Agricultural Profession: .....

This Certificate is valid from the ..... day of ..... 20..... to  
the..... day of ..... 20.....

The conditions of the Certificate are as shown in the Annexures attached hereto.

Issued at ..... this ..... day of ..... 20.....

.....  
Registrar

**ENDORSEMENT OF REGISTRATION**

This Registration has this ..... day of ..... 20.....  
been entered in the Register.

.....  
Registrar



Form VIII  
(Regulation 8(2))

REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**NOTICE OF INTENTION TO SUSPEND OR CANCEL THE  
PRACTISING CERTIFICATE**

- (1) Here insert the full names and address of the holder of the Registration No. *To: (1).....*  
*IN THE MATTER OF (2) .....* you are notified that I intend to suspend/cancel your registration as an agricultural professional on the following grounds:
- (2) Here insert the Registration No. *(a) .....*
- (3) Here state address of the Registrar of Agricultural Professionals *(b) .....*  
*(c) .....*  
*(d) .....*
- (4) Here insert the number of days Accordingly, you are requested to appear before the Registrar on the ..... day of ....., 20 ....., at (3) ..... to address the matters set out in paragraphs ..... (above) within (4) ..... days of receiving this notice. Your failure to appear before the Registrar shall result in suspension of your practising certificate.

Dated this .....day of ....., 20.....

.....  
*Registrar*

\*Delete whichever is not applicable

**ENDORSEMENT OF REGISTRATION**

This Notice has, this ..... day of ....., 20....., been entered in the Register.

.....  
*Chairperson*



REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**NOTICE OF SUSPENSION OR CANCELLATION**

To: (1) .....  
.....  
.....

IN THE MATTER OF (2) ..... you are  
notified that your registration as an agricultural professional has been  
suspended/cancelled on the following grounds:

- (a) .....
- (b) .....
- (c) .....
- (d) .....

Dated this ..... day of ....., 20.....

OFFICIAL  
STAMP

.....  
*Registrar*

**ENDORSEMENT OF REGISTRATION**

This Notice, has this ..... day of ..... 20.....,  
been entered in the Register.

.....  
*Chairperson*



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 DUPLICATE PRACTISING CERTIFICATE                     |                                     |                      |   |
|--|-------------------------------------|----------------------|---|
| Please complete in block letters                                     | Shaded fields for official use only | Application No.      |   |
|  |                                     | Date and Time        |   |
| Information Required   |                                     | Information Provided | ✓ |
| 1.   | (a) Surname                         |                      |   |
|  | (b) Other names                     |                      |   |
| 2.   | Registration No.                    |                      |   |
| 3.   | Address                             |                      |   |
|  | (a) Physical address                |                      |   |
|  | (b) Postal address                  |                      |   |
| 4.   | Contact details                     |                      |   |
|  | (a) Telephone No.                   |                      |   |
|  | (b) Fax No.                         |                      |   |
|  | (c) Mobile phone No.                |                      |   |
|  | (d) Email address                   |                      |   |
| 5.   | Appendix                            |                      |   |
| Affidavit of loss, destruction or otherwise of original registration |                                     |                      |   |
| Name of applicant (individual or authorised representative):         |                                     |                      |   |
| Signature : .....  |                                     | Date: .....          |   |
| FOR OFFICIAL USE ONLY  |                                     |                      |   |
| Received by: .....   |                                     | .....                |   |
| Officer (Name and Signature)   |                                     | Date                 |   |
| Amount Received: .....   |                                     |                      |   |
| Receipt No.: .....   |                                     |                      |   |
| File No.: .....  |                                     |                      |   |
| Remarks: .....   |                                     |                      |   |
| .....  |                                     |                      |   |
| OFFICIAL STAMP   |                                     |                      |   |



Form XI  
(Regulation 14)

REPUBLIC OF ZAMBIA

**The Agricultural Institute of Zambia Act, 2017**  
(Act No. 2 of 2017)

**The Agricultural Institute of Zambia (General) Regulations, 2018**

**REGISTRATION NO.:** .....

**CERTIFICATE OF MEMBERSHIP**

Surname: .....

First Name(s) .....

Name of firm/business: .....

Address .....

Given on the ..... day of ..... 20 .....

Date of expiry: .....

This is to certify that the person named on this Certificate has complied with the provisions of section 19 of the Agricultural Institute of Zambia Act, No. 2 of 2017.

.....  
*Chairperson*

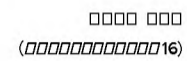
.....  
*Registrar*

Date: .....

Date: .....

**NOTE:**

This Certificate is only valid if it bears the seal of the Agricultural Institute of Zambia.



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**SECOND SCHEDULE**

(Regulation 3)

| <i>Class</i>                                 | <i>Category</i>      | <i>Academic Qualification</i>             | <i>Years of Experience</i> |
|--|----------------------|---|----------------------------|
| <b>Agricultural Professional Scientist</b>   | Fellow               | Minimum Bachelor Degree or its equivalent | 10 years and above         |
|  | Professional Member  | Minimum Bachelor Degree or its equivalent | 5 year and above           |
|  | Graduate Member      | Minimum Bachelor Degree or its equivalent | 0-5 years                  |
| <b>Agricultural Professional Technicians</b> | Certified Technician | Minimum Diploma or its equivalent         | 2 years and above          |
|  | Trainee Technician   | Minimum Diploma or its equivalent         | 0-2 years                  |
| <b>Cultural Crafts Technicians</b>           | Master Craftsperson  | Minimum Certificate or its equivalent     | 10 years and above         |
|  | Craftsperson         | Minimum Certificate or its equivalent     | 2 years and above          |
|  | Trainee Craftsperson | Minimum Certificate or its equivalent     | 0-2 years                  |
| <b>Honorary and Life</b>                     | Honorary member      | -   | -                          |
|  | Life member          | Minimum Certificate                       | -                          |

THIRD SCHEDULE  
(Regulation 17)

PRESCRIBED FEES

ZAMBIANS

A.

| Class  | Membership fees (paid once) (ZMW) | Annual Subscription Fee (ZMW) | Annual Practising Fee (ZMW) |
|--|-----------------------------------|-------------------------------|-----------------------------|
| <b>Agricultural Professional Scientist</b>               |                                   |                               |                             |
| Fellow   | 1,000.00                          | 500.00                        | 500.00                      |
| Professional Member                                      | 750.00                            | 400.00                        | 400.00                      |
| Graduate Member  | 300.00                            | 200.00                        | 200.00                      |
| <b>Agricultural Professional Technician Technologist</b> |                                   |                               |                             |
| Certified Technician                                     | 250.00                            | 150.00                        | 150.00                      |
| Technician   | 250.00                            | 150.00                        | 150.00                      |
| <b>Agricultural Crafts Technician</b>                    |                                   |                               |                             |
| Master Craftsperson                                      | 150.00                            | 100.00                        | 100.00                      |
| Craftsperson   | 150.00                            | 100.00                        | 100.00                      |

B. Non-Zambians

| Class                                      | Membership fees (paid once) (ZMW) | Annual Subscription Fee (ZMW) | Annual Practising Fee (ZMW) |
|--|-----------------------------------|-------------------------------|-----------------------------|
| <b>Agricultural Professional Scientist</b> |                                   |                               |                             |
| Fellow                                     | 3,000.00                          | 2,000.00                      | 2,000.00                    |
| Professional Member                        | 2,500.00                          | 1,500.00                      | 1,500.00                    |
| Graduate Member                            | 2,000.00                          | 1,000.00                      | 1,000.00                    |

M. KATAMBO,  
*Minister of Agriculture*

LUSAKA  
5th July, 2018  
[MOA.4/15/24]