

APPLICATION FOR CANDIDACY REGISTRATION FOR FOREIGN QUALIFICATIONS

CAND. REG.
FORM

Form fee: Shs.20,000/=

(NBAA)
THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS
TANZANIA

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FOREIGN QUALIFICATION CANDIDACY REGISTRATION FORM (To be completed by a person with foreign CPA qualification)

Before filling in this form, please study carefully the examination procedures and regulations as stipulated in the "Syllabus" and "Examination & Training Bylaws 2014".

SECTION A: CANDIDACY REGISTRATION

1. PERSONAL DETAILS

_____/_____/_____
SURNAME FIRST NAME OTHER NAMES
(Initials)

2. GENDER (TICK [✓]) M: F:

3. CURRENT ADDRESS: _____

Tel. No. _____ Fax No. _____ Email: _____
Country: _____

4. DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____ NATIONALITY _____
Day Month Year

5. EMPLOYMENT

(a) NAME AND ADDRESS OF PRESENT EMPLOYER _____

PRESENT DESIGNATION (Position) _____

DATE OF APPOINTMENT ____/____/____
Day Month Year

(b) If not employed indicate what you are currently engaged in e.g. student, etc.

(i) Student Name of Institution/School _____

(ii) Others Indicate type of engagement _____

6. CLOSING DATE OF RECEIVING APPLICATIONS

For February Examinations	For August Examinations
15 th February	15 th August

7. (i) **PROFESSIONAL/UNIVERSITY QUALIFICATION**

Professional Body/University	Degree/diploma/qualification awarded	Year completed

8. **I desire to undertake the Board's Accountancy Examinations and I am currently aspiring for:**

EXAM CODE	SUBJECT	TICK (✓)
A5	Business Law	
B4	Public Finance and Taxation I	
C4	Public Finance and Taxation II	

9. **ATTACHMENT**

I enclose herewith receipt No.....being payment for the selected examination category fees below:

No.....dated.....

Or

Bank Direct Deposit..... (Attach original Bank Pay-in-Slip)

NB (i) Do not post cash

(ii) Cheque should be crossed A/C payee on

10. **DECLARATION BY THE APPLICANT:**

I have read and agreed to abide by the Examination Regulations and by laws of the Board and accept that any false information supplied by me invalidate my application.

Applicant's signature _____

Date _____

NOTES FOR GUIDANCE

1. An applicant is required to download and fill the application form. The duly filled application form should be submitted with the following attachments:

(a) Professional certificate duly certified by a Magistrate or Notary Public (*This applies only to candidates who cannot come in person*).

However, if the form is delivered in person, certification can be done by NBAA officials in the Education and Training Services Department.

In this case, original certificates and transcripts including the photocopies should be submitted for certification purposes.

(b) Three coloured identical passport size photographs (recently taken) with your name written and signed on the back of each photograph.

(c) Registration fee - Non-refundable (*See Fee Structure Form on page....*). If application is to be posted, payment should be made by either Cheque or through direct bank deposit and the mode of payment used should be indicated. DO NOT POST CASH.

(d) Non citizens shall be charged double the rate applicable.

(e) Payment of Candidacy Registration and/or Exemption Fees can be made through bank deposits at any **CRDB BRANCH** to **NBAA COLLECTION ACCOUNT NO.01J 100 555 3500 – CRDB BANK, VIJANA BRANCH, MOROGORO ROAD, DSM**. The original Pay-in-slip should be attached with the Candidacy Registration Form/Examination entry form and submitted to NBAA. A photocopied pay-in-slip is not acceptable.

2. In filling the form, use BLOCK LETTERS. It is important to write your three names in full starting with your LAST NAME.

Please note that our records will be maintained on the basis of your last name and the order of names given in your Candidacy Registration forms. Therefore, your names will appear on Certificate(s) to be awarded to you by the Board in that order.

(a) *Names that you use are those which appear on the certificate(s) attached with your application forms for registration with the Board.*

(b) *The Board shall not accept any request for change of name once an application for Candidacy Registration and/or Examination Entry has been lodged.*

3. **Mailing Address**

The address indicated under para (3) on the first page of this form shall be the official contact address between you and the Board. Should you desire to have a different address, kindly notify the Board accordingly.

4. **Incomplete Form**

If you do not complete this form correctly or enclose all required documents as instructed, or submit insufficient amount of fees, your application shall be rejected.

5. **Closing Dates**

Candidacy Registration forms should be submitted to our offices duly paid on or before the closing date indicated on page 1 of this form. For late applications, kindly ensure that the additional penalty fee is payable on submission.

All your enquiries in connection with the Board's Examinations should be directed to Education and Training Services Department, Mhasibu House, Dar es Salaam.

FOR OFFICIAL USE ONLY

SECTION A: CANDIDACY REGISTRATION

FORM CHECKED BY _____ ON _____

CERTIFICATE(S) INSPECTED BY _____ ON _____

FEE RECEIPT NUMBER _____ SHS. _____ OF _____

REGISTRATION ACCEPTED _____

REGISTRATION REJECTED _____

REASONS _____
