

(NBAA)  
**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS  
TANZANIA**

REG. NO. NBAA/RG .....

*Please return this form to:*

The Executive Director,  
National Board of Accountants and Auditors,  
P.O. Box 5128,  
**DAR ES SALAAM**

*(Please read guidance notes first and fill form using block capitals)*

**APPLICATION FOR REGISTRATION AS AN ACCOUNTANT/  
CERTIFIED PUBLIC ACCOUNTANT IN PUBLIC PRACTICE**

I, ..... hereby apply for registration as a Certified Public Accountant/Certified Public Accountant in Public Practice (**See note 1**).

**PART I: PERSONAL PARTICULARS**

1. Surname: .....
2. First Name: .....
3. Middle Names: .....
4. Sex: .....
5. Date and Place of Birth: .....
6. Present Address: .....  
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Tel. No.: ..... E-mail .....
7. Permanent Address: ..... Tel. No.: .....
8. Country of Residence: .....
9. Nationality: .....
10. Previous nationality, if any: .....
11. Period of Residence in Tanzania: .....
12. Particulars of Previous Registration and/or refusal of registration: .....  
.....
13. Particulars of conviction of criminal offences and professional misconduct if any  
(**See note 2**) .....  
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**PART II: ACADEMIC QUALIFICATIONS**

14. (a) Particulars of Secondary and other institutions attended:

<b>School/College/Private Tuition attended</b>	<b>Date</b>	<b>Qualification(s) Obtained with dates</b>
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(b) Accounting Qualifications:

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**PART III: EMPLOYMENT**

15. Name and address of your present employer: .....

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16. Nature of employer's business: .....

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17. Current Position held: .....

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18. EXPERIENCE: Please give full details of your Accounting/Auditing experience during the last five years.

<b><u>EXPERIENCE PARTICULARS</u></b>	<b><u>EXPERIENCE PARTICULARS</u></b>

19. **SUMMARY OF POSITIONS HELD WITH EMPLOYERS TO-DATE**

Please give details of previous and present appointments, starting with your present post, listing backwards:

FULL DETAILS OF POSITION HELD	NAME & ADDRESS OF EMPLOYER	DATE	
		FROM	TO

20. **CPE HOURS UNDERGONE**

Please give full details of CPE hours undergone for the last three years (use a separate sheet). You are required to produce evidence.

21. **REFEREES**

Please give names and address of three responsible persons to act as your referees (your employer plus two (2) referees whom must be professional accountants registered with NBAA who knows you professionally), who are able to vouch for your personal knowledge of accounting experience and character.

	Name	Postal Address	Email Address and Tel No.
1.	.....	.....	.....
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2.	.....	.....	.....
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	.....	.....	.....
3.	.....	.....	.....
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**Please note that proposed referees must be members of NBAA in the category of ACPA or FCPA. Graduate Accountants (Gas) do not qualify to be referees**

22. **DECLARATION**

I, ..... the applicant hereby declare that the information contained in this application is true and correct to the best of my knowledge and belief, and I undertake to be bound by the rules and regulations made by the Board for professional conduct and ethics for Accountants.

Date: ..... Signature: .....

**FOR OFFICIAL USE**

1. Date Application received: .....
2. Registration Fees received: ..... Receipt No.: .....
3. Annual Subscription fees received T.shs.: .....
4. Documentary evidence attached to the application consist of: .....  
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5. Executive Director's comments: .....  
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# GUIDANCE NOTIES ON HOW TO FILL THE FORM

1. \*Delete whichever is not applicable.
2. State nature of case, place and court decision.
3. **VETTING CRITERIA FOR REGISTRATION OF CERTIFIED PUBLIC ACCOUNTANTS/CERTIFIED PUBLIC ACCOUNTANTS IN PUBLIC PRACTICE**

## **CERTIFIED PUBLIC ACCOUNTANTS**

### (a) QUALIFICATIONS

Only applicants with the CPA (T) Professional qualifications or its equivalent will be registered in this category. **A non resident applicant must in addition, submit a proof that he/she is a registered member of an accountancy professional institute/Board recognized by IFAC.**

### (b) EXPERIENCE

The applicant must have had at least 3 years post qualifying experience. Applicant must also submit “Practical Experience Log Book” with this application.

### (c) REFEREES

Please give names and addresses of three responsible persons to act as your referees, two of whom must be professional accountants registered with NBAA as Certified Public Accountants/Certified Public Accountants in Public Practice who know you professionally, and who are able to vouch from personal knowledge of your accounting/auditing experience and character.

**Please note that proposed must be members of NBAA in the category of ACPA or FCPA. Graduate Accountants (Gas) do not qualify to be referees.**

## **CERTIFIED PUBLIC ACCOUNTANT IN PUBLIC PRACTICE**

### (a) QUALIFICATIONS

Only applicants with the CPA (T) professional qualifications or its equivalent qualification will be registered in this category. **A non resident applicant must submit a proof that he/she is a member in good standing of an accountancy professional institute/Board recognized by IFAC.**

### (b) EXPERIENCE

The applicants must have had at least 3 years pre or post qualifying experience under the supervision of a Certified Public Accountant in Public Practice, or must hold a practicing certificate from recognized professional bodies elsewhere. **Applicant must submit “Practical Experience Log Book”** with this application.

### (c) REFEREES

Please give names and addresses of three responsible persons to act as your referee, two of whom must be professional accountants registered as Certified Public Accountant in Public Practice with NBAA who know you professionally, and who are able to vouch from personal knowledge of your audit/accounting experience and character.

**Please note that proposed must be members of NBAA in the category of ACPA or FCPA. Graduate Accountants (GAs) do not qualify to be referees**

4. **PHOTOCOPIES OF CERTIFICATES CERTIFIED BY YOUR ACCOUNTANCY PROFESSIONAL INSTITUTE (The Institute/ Professional Body which awarded you the certificate) or NBAA** must be enclosed with your application. Original Certificates **should not** be posted. Alternatively they may be delivered personally for certification by the NBAA. Applicants contravening this requirement will have their applications returned as incomplete.
5. Please attach 2 passport/stamp size **PHOTOGRAPHS OF YOURSELF**.
6. A foreign applicant must attach a certified copy of passport.
7. A foreign applicant must provide proof of employment with a local employer;
8. A non refundable fees **\*\* Evidence of payment of application fess** must be submitted with this application.

**\*\*Rates as decided upon by the Governing Board from time to time**

**\*\* (The current rate is TSh.70,000 for local applicants and USD.550 for foreign applicants)**

Local applicants can deposit their application fees (**TSh.70,000**) to NBAA Collections Account number O1J1005553500 – CRDB Bank and submit bank pay in slip together with the application forms. Applicants can alternatively submit cheques together with the application forms.

Foreign applicants can deposit their application fees (**USD.550**) to NBAA Collections Account number **8702020497700** – Standard Chartered Bank Tanzania and submit bank pay in slip together with the application forms. **Bank transfer charges, if any, shall be paid by the applicant (please contact your banker for more information).**

***NBAA Bank Details as follows:***

***Name: NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS***

***Bank: STANDARD CHARTERD BANK TANZANIA LTD P.O BOX 9011  
DAR ES SALAAM, TANZANIA***

***Branch: INTERNATIUONAL HOUSE***

***Account Number: 8702020497700***

***Branch Code (Swift): SCBLTZTX***

Applicants can alternatively submit cheques (for USD.550) together with the application forms.

**EVIDENCE OF PAYMENT OF APPLICATION FEES MUST BE  
ATTACHED TO THE APPLICATION FORMS**

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