

**(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.  
Tel. (022) 2150648/2151642/2151745 FAX: 2151746 EMAIL: [info@nbaa-tz.org](mailto:info@nbaa-tz.org) WEB [www.nbaa-tz.org](http://www.nbaa-tz.org)

*(PLEASE read Guidance Notes First and fill form using Block Capitals)*  
**APPLICATION FOR REGISTRATION AS AN ACCOUNTING**  
**TECHNICIAN**

**PART I: PERSONAL PARTICULARS**

1. Surname: .....
2. First Name: .....
3. Middle Names: .....
4. Sex: .....
5. Date and Place of Birth: .....
6. Present Address: .....  
..... Tel.No.: .....
7. Permanent Address: ..... Email: .....
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:

School/College/Private Tuition attended	Date	Qualification(s) Obtained with dates
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.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(b) Accounting Qualifications:

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**PART III: EMPLOYMENT**

15. Name and address of Present Employer: .....

.....

16. Nature of Employer's Business: .....

.....

17. Current Position held: .....

.....

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

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

**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. REFEREES:**

	Name	Address	Business or Profession
1.	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
2.	.....	.....	.....

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.....  
3. ....  
.....  
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21. 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 Accounting Technicians.

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

**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 ACCOUNTING TECHNICIANS

**QUALIFICATIONS**

Only applicants with the Accounting Technician Certificate or its equivalent will be registered in this category.

The applicants must had at least 3 year post qualifying experience under the supervision of either a Certified Public Accountant or Certified Public Accountant in Public Practice.

**REFEREES**

At least one of his/her three referees must be either a Certified Public Accountant or Certified Public Accountant in Public Practice.

Please give names and addresses of three responsible persons to act as your referees, (one of whom must be a professional accountant registered with NBAA who knows you professionally), who is able to vouch for your personal knowledge of accounting experience and character.

4. PHOTOCOPIES OF CERTIFICATES CERTIFIED BY A 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*. A non refundable FEE of **Tshs.35,000**. \*\*must be submitted with this application.  
\*\*Rates as decided upon by the Governing Board from time to time

**Deposit your payment into the NBAA Collections Account No. 01J1005553500 – CRDB Bank and submit ORIGINAL bank pay in slip together with the application forms.**

FOR OFFICIAL USE

1. Date Application received: .....
2. Registration Fees received: ..... Receipt No.: .....
3. Annual Subscription fees received shs.: .....
4. Documentary evidence attached to the application consist of: .....  
.....
5. Executive Director's comments: .....  
.....  
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