

(NBAA)
THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS
TANZANIA

MENTOR PROPOSAL AND APPROVAL FORM

(i) Mentee's Particulars (to be filled by Mentee)

NAME OF GRADUATE ACCOUNTANT	
REG. NUMBER WITH NBAA	GA:
POSTAL ADDRESS	
EMAIL ADDRESS	
TEL NUMBER	
SEX (MALE/FEMALE)	
YEAR OF PRACTICAL EXPERIENCE	1 ST YEAR/ 2 ND YEAR/ 3 RD YEAR (delete as appropriate)

(ii) Particulars of the Mentor (to be filled in by the proposed Mentor)

NAME OF PROPOSED MENTOR	
DESIGNATION	
NBAA REG. NUMBER	ACPA/FCPA
ORGANISATION	

(iii) Particulars of the Institution (to be filled by a proposed Mentor)

NAME OF ORGANISATION/INSTITUTION	
TYPE OF ORGANISATION INDUSTRY/COMMERCE/PUBLIC SECTOR/AUDIT FIRM ETC.	

(iv) Declaration (to be filled by the proposed Mentor)

I Mr./Dr/Prof..... declare that I have accepted to supervise Mr./Mrs./Ms to enable him/her acquire practical experience as required by the Board and IFAC.

Signature: Date:

(v) Certification by the Employer (to be filled by the Employer)

I Mr./Dr./Prof

declare that I have accepted Mr./Mrs./Ms

undergo practical experience in this organization.

Signature: Date:

Official Stamp of the Organization



For NBAA official use only

(i) Certification by NBAA

Mr./Mrs./Mshas been approved to supervise

Mr./Mrs./Ms.....in his/her

practical experience for the year.....

(ii) Provision of Log Book to the Mentee

I Mr./Mrs./Mshas provided Mr./Mrs./Ms

..... Log Book for the

1st year/2nd Year/3rd Year (delete as appropriate)

Signature.....Date.....