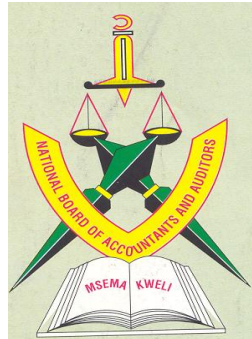


**(NBAA)**  
**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS**  
**TANZANIA**



**NBAA REG. NO. ACPA/FCPA .....**

**APPLICATION FOR RENEWAL OF PRACTISING CERTIFICATE**

*Please complete this form by using CAPITAL LETTERS*

*The form should be returned to:      The Executive Director,  
National Board of Accountants & Auditors,  
P.O. Box 5128,  
DAR ES SALAAM.*

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**PART 1:      PERSONAL INFORMATION**

1.      Surname: .....
2.      First name: .....
3.      Middle names: .....
4.      Present address:  
.....  
.....  
.....  
Tel. no.: .....
- E-mail .....
5.      Name of the Audit Firm/Employer:  
.....

**PART II: SUBSCRIPTION FEES PAYMENT**

Annual subscription fees paid: T.Shs .....

Receipt No.: ..... Date: .....

**PART III: CPD RECORDS**

Please give full details of CPD hours undergone for the last one year (You may use a separate sheet). You are required to produce evidence.

<b>DATE</b>	<b>DESCRIPTION OR TITLE OF COURSE</b>	<b>ORGANIZER OF THE COURSE</b>	<b>DURATI ON (HOURS)</b>
	TOTAL		

**PART III: DECLARATION BY THE APPLICANT**

I, ..... the applicant hereby declare that the foregoing particulars given by myself are correct and true to the best of my understanding and that any false statements or concealment of facts shall render my application for renewal of Certificate of Practice null and void.

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

Vetted by Secretariat ..... Date .....

Executive Director’s Approval.....Date .....