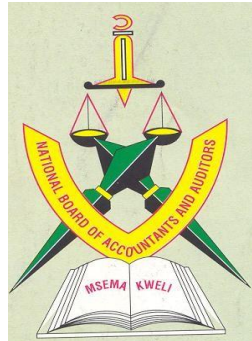


**(NBAA)**  
**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS**  
**TANZANIA**



**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.

*Note that 75% of required CPD hours must be from NBAA activities.*

DATE	DESCRIPTION OR TITLE OF COURSE	ORGANIZER OF THE COURSE	DURATI ON (HOURS)
	TOTAL		

**PART IV: PREVIOUS PRACTISING CERTIFICATE**

Certificate number ..... Issued on ...../...../20..... Valid up to .../.../20...

*(Please attach copy of the previous certificate)*

**PART V: 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: .....

Application Vetted by Manager ..... Date.....