

Affix one  
passport size  
coloured  
photograph with  
your name  
clearly written at  
the back



(NBAA)

**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS**

**APPLICATION FORM FOR ADMISSION TO DIPLOMA IN  
INTERNATIONAL PUBLIC SECTOR ACCOUNTING STANDARDS  
(IPSASs)**

(Please complete using BLOCK LETTERS)

Academic Year for which Admission is being sought (March .2018/ Sept. 2018) \_\_\_\_\_

**1. CANDIDACY REGISTRATION**

<b>SECTION A: PERSONAL DETAILS</b>			
Surname:		Date of Birth (dd/mm/year)	
Middle name:		Gender:	Male: <input type="checkbox"/>
First name:			Female: <input type="checkbox"/>
Nationality:			
Current Address:	P.O. Box		
	City/Region:		
	E-mail Address:		
	Tel: No:		
	Mobile No:		
<b>SECTION B: CURRENT EMPLOYMENT</b>			
a) Name and address of present employer:			
Present designation (position):			
b) If not employed indicate what you are currently engaged in e.g. student, etc.			
i) Student: <input type="checkbox"/>	Name of Institution/School:		
ii) Others: <input type="checkbox"/>	Indicate type of engagement:		

SECTION C: PROFESSIONAL QUALIFICATION		
Professional Body:	Qualification:	Year completed:
1.		
2.		
3.		

  

SECTION D: EDUCATION QUALIFICATION			
Institution Attended	Qualification obtained	Speciality	Year completed

## 2. REGISTRATION FEE:

❖ Registration fee for Diploma in IPSAS is **Tshs Shs.20, 000/=**

## 3. CLOSING DATE OF RECEIVING APPLICATIONS

The closing date for receiving application form is **02<sup>nd</sup> March, 2018**

## 4. ATTACHMENT

I enclose herewith receipt No.....being payment for the registration fees. Dated.....

**Or**

Bank Direct Deposit..... (*Please Attach Original Bank Pay-in-Slip*)

**NB:** (i) Do not post cash

(ii) Cheque should be crossed A/C payee on

## 5. PLEASE INDICATE THE PREFERRED AREA TO UNDERTAKE YOUR STUDY

(i) Dodoma ( )

(ii) Dar es Salaam ( )

**5. DECLARATION BY THE APPLICANT:**

I declare that I have personally filled in this form and the information contained herein is complete and correct.

Applicant's signature \_\_\_\_\_

Applicant's name \_\_\_\_\_

Date \_\_\_\_\_

## NOTES FOR GUIDANCE

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1. An applicant is required to download and fill the application form. The duly filled application form should be submitted with the following attachments:

(a) Professional and Education certificates duly certified by a Magistrate or Notary Public (*This applies only to candidates who cannot come in person*).

However, if the form is delivered in person, certification can be done by NBAA officials.

In this case, original certificates and transcripts including the photocopies should be submitted for certification purposes.

(b) Two coloured identical passport size photographs (recently taken) WHERE one of the coloured passport size with your name written and signed on the back of the photograph attached to this form, the REMAINED one should be sent Electronically to the following emails [saimon.kiondo@nbaa.go.tz](mailto:saimon.kiondo@nbaa.go.tz) & [michael.mwakifuna@nbaa.go.tz](mailto:michael.mwakifuna@nbaa.go.tz) .

(b) Registration fee - Non-refundable (Tshs. 20,000). If application is to be posted, payment should be made by either Cheque or through direct bank deposit and the mode of payment used should be indicated. DO NOT POST CASH.

(c) Payment of Candidacy Registration Fees can be made through Bank deposits at any **CRDB BRANCH** to **NBAA COLLECTION ACCOUNT NO.01J 100 555 3500 – CRDB BANK, VIJANA BRANCH, MOROGORO ROAD, DSM**. The original Pay-in-slip should be attached with the Candidacy Registration Form/Examination entry form and submitted to NBAA. Photocopied pay-in-slip is not acceptable.

(d) Full tuition fees (Tshs.1, 000,000/=) should be paid not later than 9<sup>th</sup> March 2018, an admission confirmation e-mail will be sent to those who have completed their payments. Examination fees (Tshs 480,000/=) must be paid one month before the start of final examinations.

(e) Holder of qualifications obtained from Universities/Technical Institutions outside the country required to submit together with their application forms a recognition letter from either Tanzania Commission for Universities (TCU) or National Council for Technical Education (NACTE).

2. In filling the form, use BLOCK LETTERS. It is important to write your three names in full starting with your LAST NAME.

Please note that our records will be maintained on the basis of your last name and the order of names given in your Candidacy Registration forms. Therefore, your names will appear on Certificate(s) to be awarded to you by the Board in that order.

(a) ***Names that you use are those which appear on the certificate(s) attached with your application forms for registration with the Board.***

(b) ***The Board shall not accept any request for change of name once an application for program Registration and/or Examination Entry has been lodged.***

3. **Mailing Address**

*The address indicated under section (A) on the first page of this form shall be the official contact address between you and the Board. Should you desire to have a different address, kindly notify the Board accordingly.*

4. **Incomplete Form**

If you do not complete this form correctly or enclose all required documents as instructed, or submit insufficient amount of fees, your application shall be rejected.

5. **Closing Dates**

Program Registration forms should be submitted to our offices duly paid on or before the closing date indicated on page 2 of this form.

All your enquiries in connection with the Board's Examinations should be directed to the Executive Director, the National Board of Accountants and Auditors, P.O BOX 5128, Dar es Salaam Telephone +255-22-2211890/9, Fax: +255-22-2151746 Email: [info@nbaa.go.tz](mailto:info@nbaa.go.tz)

\_\_\_\_\_  
**FOR OFFICIAL USE ONLY**  
\_\_\_\_\_

**SECTION A: PROGRAM REGISTRATION**

1. Form checked by \_\_\_\_\_ on \_\_\_\_\_

Signature \_\_\_\_\_ on \_\_\_\_\_

2. Certificate(s) verified by \_\_\_\_\_ on \_\_\_\_\_

Fee receipt number \_\_\_\_\_ Tshs. \_\_\_\_\_ of \_\_\_\_\_

Registration recommended/ not recommended \_\_\_\_\_

Reasons \_\_\_\_\_

\_\_\_\_\_  
**Program Coordinator**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

3. Registration approved /not approved \_\_\_\_\_

Reasons \_\_\_\_\_

\_\_\_\_\_  
**Executive Director**

Signature \_\_\_\_\_ Date \_\_\_\_\_