

Affix one passport
Size colored
Photograph
With your name
Clearly written at
the back

(NBAA)

# THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS APPLICATION FORM FOR ADMISSION TO PROFESSIONAL DIPLOMA IN INTERNAL AUDITING (PDIA)

(Please complete using BLOCK LETTERS)

Academic Year for which Admission is being sought (October /April) Year \_\_\_\_\_

## 1. CANDIDACY REGISTRATION

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

SECTION C: PROFESS	SIONAL QUALIFICATION	N	
Professional Body:		Qualification:	Year Completed:
1.			
2.			
3.			
SECTION D: EDUCATI	ON QUALIFICATION		
Institution Attended	Qualification obtained	Specialty	Year completed
994660333261  Enter Receipt Number:  3. CLOSING DATE OF RECE The closing date for receipt Number:	EIVING APPLICATIONS eiving application form is 11 PREFFERED AREA TO UNDER	th October, 2024.	Control No.
5. DECLARATION BY TH	E APPLICANT:  lly filled in this form and the info	rmation contained herein is cor	mplete and correct.
	-,		
Applicant's name			
Date			

### **NOTES FOR GUIDANCE**

- 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 colored 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 <a href="mailto:saimon.kiondo@nbaa.go.tz">saimon.kiondo@nbaa.go.tz</a>.
  - c) Application fee Non-refundable (*Tshs. 25,000*). 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.
  - d) Instruction on payment of Candidacy Registration Fees, Tuition Fees and Examination Fees

Payments can be made through the NBAA MEMS platform. If you are a new user (non-NBAA member), you will need to sign up by clicking "Register Now." During registration, under the "Apply for Field" section, select "IPSAS Diploma Candidacy" and complete the required personal details.

After successfully signing up, log in to the system and follow these steps:

- i) Go to Bills > Payments > Generate New Invoice.
- ii) Under "Service Type," select Professional Diploma in Internal Auditing and choose the appropriate service.
- iii) Generate the bill and print out the invoice (each invoice has a unique control number).

Any changes will automatically be reflected in your account. Once the payment is processed, you can print out the receipt. Submit both the invoice and receipt along with your application form.

Alternatively, you can request a control number by sending your details to <a href="mailto:mtas@nbaa.go.tz">mtas@nbaa.go.tz</a>. Once you receive the invoice, make the payment and request the receipt through the same email.

- e) Full tuition fees (Tshs.1,200,000/=) should be paid after receiving admission letter, an admission confirmation e-mail will be sent to those who have completed their payments. Examination fees (Tshs 580,000/=) must be paid one month before the start of final examinations.
- f) 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 1271, Dodoma. Telephone +255-22-2211890/9, Fax: +255-22-2151746 Email: info@nbaa.go.tz

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# FOR OFFICIAL USE ONLY

# **SECTION A: PROGRAM REGISTRATION**

1. Form checked by		on		
Signature		on		
2. Cartificato(s) varified by		on		
2. Certificate(s) verified by		011		
Fee receipt number	Tshs		of	
Registration recommended/ not recomm	ended			
Reasons				
Program Coordinator				
Signature	Date:			
Registration approved /not approved				
Reasons				
Executive Director				
Signature	Da	te		