

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



## 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 \_\_\_\_\_

Level of Study: **PDIA Level - 1** ( ) **PDIA Level - 2** ( )

#### 1. CANDIDACY REGISTRATION

SECTION A: PERSONAL DETAILS			
Surname:		Date of Birth (dd/mm/year)	
Middle name:		Gender:	Male: <input type="checkbox"/>
First name:			
Nationality:			
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 are currently engaged in e.g. student,			
i) Student:	<input type="checkbox"/>	etc. 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 PDIA is **TZS.25, 000/=**

## 3. CLOSING DATE OF RECEIVING APPLICATIONS

The closing date for receiving application form is **3<sup>rd</sup> October, 2025**.

## 5. PLEASE INDICATE THE PREFERRED CENTRE TO UNDERTAKE YOUR EXAMINATIONS

- |       |               |           |
|-------|---------------|-----------|
| (i)   | Arusha        | (       ) |
| (ii)  | Dar es salaam | (       ) |
| (iii) | Dodoma        | (       ) |

**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

1. An applicant is required to download and fill the application form. The duly filled application form should be submitted through [info@nbaa.go.tz](mailto:info@nbaa.go.tz) and [mike.godluck@nbaa.go.tz](mailto:mike.godluck@nbaa.go.tz) with the following attachments:
  - (a) Professional and Education certificates **duly certified** by a Magistrate or Notary Public.
  - (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 emails above.
  - (b) Registration fee - Non-refundable (TZS. 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.
  - (c) **Instruction on payment of Candidacy Registration Fees, Tuition Fees and Examination Fees**  
Each Candidate should sign up on the **NBAA MEMS Account**, Bills, Payment, Generate Invoice, Select PDIA, generate bill and Pay the bill (Each Invoice has unique control number), changes will be automatically reflected to your account, and you can print out the receipt. Submit the Invoice and receipt together with your application form. OR Send control number request with your details via [mike.godluck@nbaa.go.tz](mailto:mike.godluck@nbaa.go.tz) to obtain the invoice (control no).
  - (d) Full tuition fees (TZS.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 (TZS. 580,000/=) must be paid one month before the start of final examinations i.e **June 2025**.
  - (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** names that you use are those which **appear on the certificate(s) attached with your application forms for registration** with the Board and the Board **shall not accept any request for change of name** once an application for Candidacy 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](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 \_\_\_\_\_