



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:		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:		
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"/>	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	Specialty	Year completed

2. APPLICATION FEE:

Application fee for PDIA is Tshs Shs.25, 000/= to be paid through the following Control No.
994660333261

Enter Receipt Number: _____

3. CLOSING DATE OF RECEIVING APPLICATIONS

The closing date for receiving application form is 11th October, 2024.

4. 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

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 saimon.kiondo@nbaa.go.tz.

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 mtas@nbaa.go.tz . 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

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 _____