

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 DIPLOMA IN
INTERNATIONAL PUBLIC SECTOR ACCOUNTING STANDARDS
(IPSASs)**

(Please complete using BLOCK LETTERS)

Academic Year for which Admission is being sought (March /September) 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"/>	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 Diploma in IPSAS is **Tshs Shs.20, 000/=**

3. CLOSING DATE OF RECEIVING APPLICATIONS

The closing date for receiving application form is 1st March and 1st September for March and September intake respectively.

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 ())

(iii) Arusha ()

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 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 & 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) **Instruction on payment of Candidacy Registration Fees, Tuition Fees and Examination Fees**
Each Candidate should sign up on the **NBAA Payment Portal**, Generate Bill and Print out the Invoice (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 mtas@nbaa.go.tz and obtain the invoice. Make payments and request the receipt through the same email mtas@nbaa.go.tz
 - (d) Full tuition fees (Tshs.1, 000,000/=) 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 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 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 _____