

**TANZANIA INSTITUTE OF ACCOUNTANCY**

**CPA/CPSP REVIEW CLASSES**

**REGISTRATION FORM**



**A. PERSONAL PARTICULARS**

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender:  Male  Female

Nationality: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

WhatsApp Number: \_\_\_\_\_

Email: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

**B. ACADEMIC QUALIFICATION**

Educational qualification: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Programme: \_\_\_\_\_

\_\_\_\_\_

Name of University/Institution/College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(TIA Alumni/students should attach copies of Academic Certificate and Transcript/ID)**

**C. PROFESSIONAL BOARD AND EXAMINATIONS TO SIT**

Name of the professional board (NBAA / PSPTB): \_\_\_\_\_

List of examinations to sit:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Declaration**

I certify that the above information provided above by me is correct.

_____	_____	_____
Names	Signature	Date

**FOR OFFICIAL USE ONLY**

Total bill TZS. \_\_\_\_\_

_____	_____
Coordinator's Signature	Date