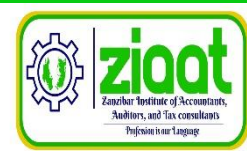


ZANZIBAR INSTITUTE OF ACCOUNTANTS, AUDITORS AND TAX CONSULTANTS.



Re Number: ZIAAT/2024/A1/
Executive Director
ZIAAT
P.O.BOX 874
PHONE: +255738161113
EMAIL: info@ziaatsmz.go.tz

ZANZIBAR INSTITUTE
OF ACCOUNTANTS,
AUDITORS AND TAX
CONSULTANTS
(ZIAAT) is a body
corporate which was
established through an
Act of House of
Representatives (Act
Number 07/2022).

APPLICATION FOR REGISTRATION OF NON-PRACTICING TAX CONSULTANTS, ACCOUNTING TECHNICIAN OR GRADUATE ACCOUNTANT

I.do hereby apply for registration as a
Member of Institute:

Category of registration:

Non – Practicing Tax Consultant:

☐

Accounting for Technician:

☐

Graduate Accountants:

☐

PART I: PERSONAL PARTICULARS

1. Surname:	
2. First Name	
3. Middle Name	
4. Gender	
5. Date and Place of Birth	
6. Nationality	
7. Email	
8. Phone	
9. Address	
10. TIN No.	
11. Passport/National ID/ZAN ID	
12. Region	
13. Country	

PART II: ACADEMIC QUALIFICATION.

1. Qualification	
2. Specialization	
3. Certificate Number	
4. Year of Completion	

PART III: WORKING EXPERIENCES.

1. Organization	
2. Job Title	
3. Experience Type	
4. From	
5. To	
6. Employer Email	
7. Job description	
8. Current Position Held	
9. Detail of experience of Accounting.	

PART IV: REFEREES

Please give names and address of two responsible persons to act as your referees whom must be professional accountants registered with any recognized professional body, (who knows you professionally, who are able to vouch for your personal knowledge of accounting experience and character).

NAME	POSTAL ADDRESS	EMAIL ADDRESS	MOBILE NO.

PART III: ATTACHMENT

- ❖ Certified copies of academic and professionals certificates
- ❖ Accreditation Letter
- ❖ Two Recent passport size photos
- ❖ Receipt of payment of registration fee
- ❖ Photocopy of ZAN ID or NIDA or Passport

PART VI: DECLARATION

I, the applicant hereby declare that the information contained in this application is true and correct to the best of my knowledge and belief, and I undertake to be bound by the rules and regulations made by the Institute for professional.

Signature

Date.....

FOR OFFICIAL USE:

Date Application received

*Registration fees received
(TZS)*

Receipt No

Documentary evidence
attached to the application

Received by

Annual Subscription fees
received (TZS)

Executive Director' s
comments

Chairperson of
committee's comments