

# ZANZIBAR INSTITUTE OF ACCOUNTANTS, AUDITORS AND TAX CONSULTANTS.



Re Number: ZIAAT/2024/A2/  
Executive Director  
ZIAAT  
P.O.BOX 874  
PHONE: +255738161113  
EMAIL: info@ziaatsmz.go.tz

## APPLICATION FOR REGISTRATION MEMBER OF THE INSTITUTE.

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

Category of registration:

Associate Certified Public Accountant:

☐

Fellow Certified Public Accountant:

☐

## PART I: PERSONAL PARTICULARS

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).

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. Passport/National ID/ZAN ID	
11. Region	
12. Country	

**PART II: ACADEMIC QUALIFICATION.**

1. Qualification	
2. Specialty	
3. Institute/College	
4. Country	
5. Year of Completion	

**PART III: PROFESSIONAL QUALIFICATION.**

1. Qualification	
2. Qualification type	
3. Professional body	
4. Country	
5. Year of Completion	

**PART IV: working experience.**

Name of Partner	
1. Organization	
2. Industry	
3. Job Title	
4. From	
5. To	
6. Employer Email	

**PART V: 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 AND	MOBILE NO

**PART III: ATTACHMENT**

- ❖ Certificate qualification and professionals
- ❖ Accreditation Letter
- ❖ Recent of Passport size
- ❖ Receipt of payment of registration
- ❖ 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

## 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)

Chairperson of  
committee's comments

Executive Director's  
comments