



TANZANIA REVENUE AUTHORITY

ISO 9001:2008

INSTITUTE OF TAX ADMINISTRATION (ITA)

APPLICATION FORM

**FOR ADMISSION TO
EAST AFRICAN CUSTOMS CLEARING AND FREIGHT FORWARDING
PRACTISING CERTIFICATE PROGRAMME FOR THE
ACADEMIC YEAR
2017/2018**

(MARCH, 2018 INTAKE)

E-mail: ita@tra.go.tz

P.O Box 9321

Tel: +255 22 2925110; +255 22 2925114; +255 22 2925100; 0785 558211

DAR ES SALAAM, TANZANIA

AFIX PHOTO
TAKEN WITHIN
THE LAST SIX
MONTHS

Ref. No. _____ (for official use)

This form must be filled and returned to the Admissions Office by **26th January, 2018**

(USE BLOCK LETTERS)

1. ACADEMIC YEAR: _____

2. MODE OF SPONSORSHIP (Tick the appropriate box)

- | | | |
|------|------------------------|-----|
| i. | Private sponsorship | [] |
| ii. | TRA Sponsorship | [] |
| iii. | Other (specify): _____ | [] |

3. APPLICANT'S PERSONAL RECORD:

- i. Surname: _____
Other names: _____
Note: The names entered on this form must be the same as those on your A.C.E.E (Form VI) or C.E.E (Form IV) or equivalent]
- ii. Sex Male () Female ()
- iii. *Date of Birth: _____
- iv. Place of Birth: _____
- v. Citizenship: _____
- vi. Religion: _____
- vii. Marital Status: _____
- viii. Permanent Address: _____

- Tel: _____
- ix. Contact Address (If different from above):

**Attach copy of birth certificate. Affidavit NOT accepted*

- x. Academic Qualifications Attained
 (a) Certificate of Secondary Education (C.S.E.E)/National Form 4/ or Equivalent

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examining Authority: _____ Division: _____
 Examination Centre: _____
 Name of School/Centre: _____
 Country: _____

- (b) Advanced Certificate of Secondary Education (A.C.S.E) /National Form VI or Equivalent

Subject	Grade	Date	Index No	Subject	Grade	Date	Index No

Examining Authority: _____ Division: _____
 Examination Centre: _____
 Name of School/Centre: _____
 Country: _____

- (c) Give details of any qualifications other than C.S.E (Form 4) or A.C.S.E (Form 6) or its equivalent, e.g. University Degree, Diploma or Certificate, etc.

INSTITUTIONS	SUBJECTS	AWARD	GRADE

NB.

- It is most important that index number (Where applicable) be given.
- Copies of "O" & "A" Level/Diploma/Certificate must be attached.

- xi. Employment Record (where applicable)

JOB HELD	NAME OF EMPLOYER	FROM	TO

Have you ever studied at ITA? Yes: No:

If yes which course among the listed below:

No.	Course	Year of Admission
1	Postgraduate in Tax Management (PGDT)	
2	Bachelor of Customs and Tax Management (BCTM)	
3	Diploma in Customs and Tax Management (DCTM)	
4	Basic Technician Certificate in Customs and Tax Management (CCTM)	
5	East African Customs Clearing and Freight Forwarding Practising Certificate (CFFPC)	

Have you ever been discontinued from studies? Yes () No. ()

If yes, specify the Institute, course and year

.....
.....

4. UNDERGRADUATE DEGREE/DIPLOMA/CERTIFICATE PROGRAMMES OF INSTITUTE OF TAX ADMINISTRATION (ITA)

Indicate in the list below, the programme for which you are applying

NB.: Possession of minimum entry qualifications does not guarantee you admission by the Institute.

A. CLEARING AND FORWARDING PROGRAMME

East African Customs Clearing and Freight Forwarding Practising Certificate (CFFPC)

(a) Full Time { }

(b) Part Time { }

5. PHYSICAL DISABILITY

Do you have any physical or communication disabilities? (*Tick whichever is applicable*)

(a) Vision/Mobility/Hearing/Others

(b) If any of the above give details of disability

6. DECLARATION

I declare that all information given on this form is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: _____

