



TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

INSTITUTE OF TAX ADMINISTRATION

STUDENT'S REGISTRATION FORM

REGISTRATION NO.
(For Official Use)

SURNAME

SPONSOR NAME

FIRST NAME

ADDRESS

MIDDLE NAME(S)

PHONE

PROGRAMM

EMAIL

SEC SCHOOL (O Level)

NEXT OF KIN

START YEAR

ADDRESS

END YEAR

PHONE

SEC SCHOOL (A Level)

EMAIL

START YEAR

STUDENT'S

FULL ADDRESS

.....

END YEAR

.....

PHYSICAL ADDR.

.....

POST SEC (Tertiary)

MOBILE PHONE

.....

EMAIL

.....

START YEAR

END YEAR

DECLARATION

I declare that I will abide to the Institute By-Laws and Regulations.

Signature. Date.

GUARANTOR/SPONSOR

FULL NAME:

OCCUPATION.

POSTAL ADDRESS:

PHYSICAL ADDRESS:

PHONE NUMBER:

EMAIL:

SIGNATURE:

FOR OFFICIAL USE

Verified by.

Verifier Position.

Date Signed by Verifier.

Approved by.

Approver Position.

Signed by Approver.

Course started Date.

Course End Date.