

TRANSCRIPT & STATEMENT OF RESULTS REQUEST FORM



TANZANIA REVENUE AUTHORITY

ISO 9001:2015 Certified

INSTITUTE OF TAX ADMINISTRATION

TRANSCRIPT & STATEMENT OF RESULTS REQUEST FORM

Request for transcript should be accompanied with a copy of form four certificate, proof of payment, passport size photo and a copy of clearance form

NAME OF APPLICANT	
SURNAME:	OTHER NAMES:
COURSE TAKEN:	REGISTRATION NO:
FROM (YEAR)	TO (YEAR):
DATE OF BIRTH:	PLACE OF BIRTH:
GENDER:	MARITAL STATUS:
NEXT OF KIN ADDRESS	
NAME:	
RELATION:	
P.O.BOX	
E-MAIL:	
PLACE & PHONE NO:	
EDUCATION BACKGROUND	
O-LEVEL EDUCATION	
NAME OF SCHOOL:	
FROM (YEAR):	TO (YEAR):
DIVISION:	
A-LEVEL EDUCATION	
NAME OF SCHOOL:	
FROM (YEAR):	TO (YEAR):
AWARD OBTAINED (COMBINATION)	DIVISION:
HIGHER LARNING EDUCATION	
NAME OF INSTITUTION:	
FROM (YEAR):	TO (YEAR):
AWARD OBTAINED (COURSE)	
CLASS OF THE AWARD:	

I.....the applicant declares that the information given above is true and therefore I am solely responsible for the safe delivery of the transcript to be issued as here above applied for and shall not hold the Institute of Tax Administration responsible in any manner whatsoever in case of its loss, damage or destruction, theft or otherwise in the course of delivery. I further declare that the Institute of Tax Administration shall not stand obligated to re-issue any replacement transcript.

Declared by me: **SIGNATURE**..... **Date**.....

APPLICANT**FOR OFFICIAL USE**

At..... TRANSCRIPT & STATEMENT OF RESULTS

Thisday of.....20..... PREPARED BY.....

Signature of declarant..... VERIFIED BY.....

Mobile No..... PAYMENT RECEIPT NUMBER.....