

ITN375.01.E Application for Tax Consultant

FIRST SCHEDULE

(Made under regulation 7(1) and (4))

UNITED REPUBLIC OF TANZANIA
TANZANIA REVENUE AUTHORITY

APPLICATION FOR REGISTRATION AS TAX CONSULTANT

Note: Please read the notes at the end of this form before filing. After filing the form please return to:-

Commissioner,
Domestic Revenue Department,
P.O. Box 9131,
DAR ES SALAAM.

1. APPLICATION

I.

(Full Name)

Hereby apply for registration as a Tax Consultant as per Regulation 7(1).

2. TIN: VRN:

3. PERSONAL PARTICULARS:

CONTACT ADDRESSES

P.O. Box No:

Telephone No: Mobile:

E-mail:

Physical Address: Plot No. Block

Location /Street

Region District

Date of birth Nationality

4. Indicate a TRA office where you maintain your tax file

Location Street Region

5. Place of business where service will be rendered/is rendered

Premises on Plot No: Block Location/Street

Region/Town

6. ACADEMIC QUALIFICATIONS

Name of Schools, Universities or other Institutions	From	To	Name of Examining Body	Degree, Diploma, Certificate	Class/Division Attained	Year

7. PROFESSIONAL QUALIFICATIONS

Name of Examining Body	Registration No.	Section, Stages, Parts Passed	Date Passed	Remarks

8. **PRACTICAL TRAINING AND EXPERIENCE BEFORE QUALIFYING**

Name and Address of Organization	From	To	Position Held	Nature of Training and Experience

I hereby declare that the foregoing statements are true and correct in every respect.

Applicant's Signature.....Date.....

NOTES:

1. Proof for payment of registration fees payable in favor of Commissioner for Domestic Revenue should be attached.
2. The application should be routed through Regional TRA office where the applicant operates.
3. Attachments:-
 - Two recent passport size photographs
 - Detailed curriculum vitae.
 - Certified copies of educational and professional Certificates where applicable
 - Original Certificates may be called for when a need arises
4. A letter of employer should be attached in case of an employee indicating that the employer has no objection for his employee to be engaged in Consultancy.

FOR OFFICIAL USE ONLY

Date Received:.....

Regional Manager's recommendations

.....

.....

Registration No:.....

CDR Signature:..... Date:.....

Date Certificate Dispatched:.....

Date Certificate Acknowledged:.....

Secretary's signature:..... Date:.....

ITX376.01.E Application for Renewal of Tax Consultant

(Made under regulation 7(4))

**UNITED REPUBLIC OF TANZANIA
TANZANIA REVENUE AUTHORITY**

APPLICATION FOR RENEWAL OF TAX CONSULTANT PRACTISING CERTIFICATE

I do hereby apply for renewal of the Tax Consultant Practising Certificate and further declare that:-

1. Name of the firm and address
2. Expired Certificate Number
- Date issued
3. Location of business premises
- *4. (a) I am the sole proprietor of the firm/ in partnership with
- (b) Operating as partners (state name(s) of partner(s))
- *5 My/our Banker
- E-mail
6. In the year ending
- I/We* operated on Business License No.
- Issued on
- In the period up to
- I/We dealt with the following clients

My/Our performance over the last two years is under:-

Year	Objection raised against Assessment (state reference and Taxpayer)	Body that dealt with the dispute and Nature of Decision and Tax Determined	Tax paid	Tax Balance

7. State whether you have been involved in and/or convicted of any criminal Offences.....
.....
8. I/We* attach herewith a complete list showing employees of the firm and their responsibilities and certify that none of them has been involved in any act of dishonest whatsoever.

I/We* hereby certify that all the above information is true to the best of my/our* knowledge and belief.

Made at..... this..... Day of..... 20.....

Name of Declarant.....

Signature.....

Designation.....

- Note**
- (1) Tax Consultants are advised to know the implication of the Tax Laws.
 - (2) The renewal application form to be supported with payment of renewal fees and a photocopy of the applicant's valid certificate of practice from professional board.
 - (3) *Indicate whichever appropriate.

FOR OFFICIAL USE ONLY

Date Received:.....

Receipt No:..... Date.....

Regional Manager's recommendation:.....
.....
.....

Regional Manager's signature..... Date.....