

The Institute of Chartered Accountants of Sri Lanka
Certified Tax Advisor
APPLICATION FORM – CTA ADVISORY LEVEL

OFFICE USE ONLY

Course Code:	TAX13
Exemption Code:	TAX12
Member No/ Student / other no	

PERSONAL INFORMATION

(PLEASE FILL IN BLOCK LETTERS)

TITLE : Mr. Ms. Dr. Other

LAST NAME FIRST NAME.....

FULL NAME:

PERMANENT ADDRESS:

CONTACT NUMBERS:

EMAIL ADDRESS :

NIC NUMBER :

Member No. / CASL student No. (if any):

EMPLOYER'S INFORMATION

Name of the Institution :

Designation of the applicant:

Address :

Office Email :

ENROLMENT QUALIFICATIONS

From Awareness Level

☐

Direct Entry

☐

(a) Awareness level (Please indicate the subjects you have passed)

i.

ii.

iii.

(b) If Direct Entry

Please fill following information accurately and submit with copies of your certificates and employer's confirmation along with application form.

NAME OF QUALIFICATION	START DATE (MM/YY)	COMPLETION (DD/MM/YY)	INSTITUTION	CONTENTS

EMPLOYMENT EXPERIENCE

NAME OF EMPLOYER	START DATE (MM/YY)	COMPLETION (DD/MM/YY)	FULL TIME/ PART TIME	DESIGNATION

Payment Method (please tick)

Full Course fee at the registration

☐

Rs. 65,000 /- + 6,000 (Awareness exemption fee if applicable only).

Payment Plan

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At Registration **Rs. 20,000/-** + Rs. 6,000 /-(Awareness exemption fee) if applicable only (1st July 2018)

2nd Installment **Rs. 25,000/-** (1st August 2018)

3rd Installment **Rs. 20,000/-** (1st September 2018)

DECLARATION:

I hereby confirm that all details provided herein are true to do the best of my knowledge

.....

Signature of the applicant

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Date