

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

OFFICE USE ONLY

Course Code:	TAX16
Exemption Code: 1 st Level	TAX12
Exemption Code: 2 nd Level	TAX15
Member No/ Student / other no	

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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 :

EMPLOYER'S INFORMATION

Name of the Institution:

Designation of the applicant.....

Address :

Office Email :

ENROLMENT QUALIFICATIONS

From Advisory Level

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Direct Entry

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(a) ADVISORY LEVEL...- (PLEASE INDICATE THE SUBJECTS YOU HAVE PASSED)

- i.
ii.
iii.
iv.

(b) If Direct Applicant

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 select)

Full Course fee at the registration

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Rs. 60,000 /- + Rs. 21,000 /-(Awareness and Advisory level Exemption fees)

Payment Plan

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At Registration, Rs. 20,000/- + Rs. 21,000 /-(Awareness and Advisory level Exemption fees) if applicable only
2nd Installment Rs. 20,000/- (6th June 2018)
3rd Installment Rs. 20,000/- (6th July 2018)

DECLARATION:

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

.....
Signature of the applicant

.....
Date