

**The Institute of Chartered Accountants of Sri Lanka**  
**Certified Tax Advisor**

**APPLICATION FORM – CTA AWARENESS LEVEL**

OFFICE USE ONLY

Payment Code:	TAX10
Member/Student 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 : .....

Contact Numbers : .....

### **Preregistration Conditions**

- 1) Due to limited space recommend early registration and payment to avoid disappointment. Your registration **will not be confirmed** until payment is received.
- 2) Course Fee Rs. 25,000/- should be made prior to the closing date.
- 3) Submit copy of your A/L certificate and other qualification along with the application form.
- 4) Cheques should be drawn in favor of " **The Institute of Chartered Accountants of Sri Lanka**" - (A/C Payee only)

#### **Payment Method (please tick)**

Full Course fee at the registration

**Rs. 25,000 /-**

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#### **Payment Plan**

At Registration **Rs. 12,500/-** (on or before 1<sup>st</sup> July 2018)

Final Installment **Rs. 12,500/-** (on or before 1<sup>st</sup> August 2018)

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#### **DECLARATION:**

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

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Signature of the applicant

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Date