

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

OFFICE USE ONLY

TAX10

Payment Code:

Member/Student No :

PERSONAL INFORMATION		
(PLEASE FILL IN BLOCK LE	TTERS)	
TITLE : Mr.	Ms. Mrs 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	
 Due to limited space recommend early registration and payment, to avoid registration will not be confirmed until payment is received. 	d disappointment. Your
2) Course Fee Rs. 25,000/- (in full or 50%) should be made prior to the closin	ng date.
3) Submit a copy of your A/L certificate and other qualifications along with t	he application form.
 Cheques should be drawn in favour of "The Institute of Chartered Account (A/C Payee only) 	ntants of Sri Lanka"-
Payment Method (please tick) Full Course fee at the registration Rs. 25,000 /-	
Payment Plan At Registration Rs. 12,500/- (on or before 6 th January 2019) Final Installment Rs. 12,500/- (on or before 6 th February 2019)	
DECLARATION:	
hereby confirm that all details provided herein are true to the best of my knowle	edge.
Signature of the applicant	Date