



The Institute of Chartered Accountants of Sri Lanka
Chartered Tax Advisor
REGISTRATION FORM

OFFICE USE ONLY	
APPLICATION NO:	
STUDENT NO:	

IMPORTANT

1.5" X 2"
(Size of Photographs)

2 Copies needed

PERSONAL INFORMATION

(PLEASE FILL IN BLOCK LETTERS)

TITLE : Mr. Ms. Dr. Other
SURNAME : _____ FIRST NAME : _____
DATE OF BIRTH : _____ GENDER : M F
(dd/mm/yy) NIC No : _____

CONTACT INFORMATION

ADDRESS : _____

TELEPHONE : (HOME) _____
(MOBILE) _____
EMAIL : _____

EMPLOYER'S INFORMATION

NAME : _____
DESIGNATION : _____
ADDRESS : _____

TELEPHONE : _____
EMAIL : _____

ENROLMENT QUALIFICATIONS

ARE YOU REQUESTING FOR EXEMPTIONS? YES NO

IF 'YES' PLEASE FILL THE FOLLOWING INFORMATION ACCURATELY AND SUBMIT WITH COPIES OF YOUR CERTIFICATES AND EMPLOYER'S CONFIRMATION LETTER ALONG WITH THE APPLICATION FORM.

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

EMPLOYEMENT EXPERIENCE

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

DECLARATION:

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

Signature of Applicant

Date