

## The Institute of Chartered Accountants of Sri Lanka Certified Tax Advisor APPLICATION FORM – CTA AWARENESS LEVEL (Semester 1)

## OFFICE USE ONLY

CTA Registration Number:

Payment:

Rs.28,000/-

PERSONAL INFORMATION											
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PLEASE FILL IN BLOCK LE	TTE	RS)									
ΓΙΤLE : Mr.	N	VIs. Dr.	Other								
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FULL NAME :											
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PERMANENT ADDRESS	<b>):</b>		•••••								
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CONTACT NUMBERS	:				HOME:						
EMAIL ADDRESS	:								••••		
NIC NUMBER	:		•••••						•••		
STUDENT NUMBER	:										

## **EMPLOYER'S INFORMATION (If any)**

Name o	of the Institution	:							
Design	ation of the applica	nt:							
Addres	S	:							
Office I	Email	:							
Contac	t Numbers	:							
		<u>Preregist</u> ı	ation Conditions						
1)				nt to avoid disappointment onfirmed until full payment is					
2)	Course fees should be made as to the selected payment method within the given time period.								
3)	Submit certified true copies of your NIC and A/L results sheet along with the application form.								
4)	4) Cheques should be drawn in favor of "The Institute of Chartered Accountants of Sri Lanka" (A/C Payee only).								
5)	5) At the end of the study programme, exam fee of Rs.12,000/- (Rs.4,000 per paper x 3 papers) be paid.								
6)		have completed the	•	nd this can be applied by the all course fee. Batch transfer					
Pay	<b>/ment Method (</b> ple Full Course fee at t		<b>Rs. 28,000 /-</b> (on or bef	ore <b>22<sup>nd</sup> December 2022</b> )					
	Payment Plan		_	.4,000/- (on or before 22 <sup>nd</sup> Dec. 2022) 000/- (on or before 22 <sup>nd</sup> Jan. 2023)					
DECLA	RATION:								
I hereb	y confirm that all do	etails provided herein a	are true to do the best of	my knowledge.					
Signat	ure of the applican	 t		Date					