

TAX PROFESSIONAL QUALIFICATION APPLICATION FORM

Identity Information

Full Name and surname	
Nationality	
Country of Residence	
ID/Passport Number	
Home Language	
Disability Status (Please tick)	NONE <input type="checkbox"/> VISUAL IMPAIRMENT <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> HEARING IMPAIRMENT <input type="checkbox"/> COGNITIVE IMPAIRMENT <input type="checkbox"/> OTHER <input type="checkbox"/>
Birthday (YYYY/MM/DD)	
Gender (Please tick)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Cell Number	
Email	
Employer	
Physical Address	
Postal Address	
City/Town	
Postal Code	
Province	
Country	

What is the main reason you are seeking to obtain this qualification:

Qualifications (Please include your academic transcripts)

Qualification	Institution	NQF

Professional status

Are you a member of another recognised controlling body:

If yes which one:

Work Experience (Please include a detailed CV)

What is the nature of your current professional working activity:

How many years of working tax experience do you have:

What is your primary tax speciality:

Employment Record		
Employer	Job Title	Years of service in this job

- **PLEASE COMPLETE THIS FORM, ATTACH THE NECESSARY DOCUMENTATION AND SEND IT TO: EDUCATION@THESAIT.ORG.ZA**