



**SECTION B: Registered tuition provider declaration**

I..... certify that the above candidate has completed his/her minimum preparation for above examination at this center and is adequately prepared to sit for the examination paper(s) applied for training covered a period of ..... months from.....to.....

.....  
*Signature of Principal/Course Coordinator Date and Official Stamp*

**SECTION C: INSTRUCTIONS**

- (i) In filling this form use **BLOCK LETTERS** and write your names in full **starting** with your **first name** in the space provided in (1) above.
- (ii) Attach two (2) colored identical passport size photographs taken recently with your names written on the back of each one.
- (iii) For new applicants who are sitting for the first time attach with this entry form **copies of relevant academic and professional certificates** certified by **lawyers/advocates or public Notary**. Don't post Original Transcript and Certificates.
- (iv) No change for examination Centre **will be accepted three weeks prior to commencement of Board's examinations**. Any change if allowed must be supported by written permission from **Executive Director**.
- (v) Attending review classes to a registered review center is **COMPULSORY**. This Form be signed by coordinator of **Registered Review Center/ Tuition Provider** and stamped with training institution's official stamp, otherwise will not be processed.
- (vi) **Incomplete forms** or these unsupported by relevant documents or **forms not signed** by approved review centers including **FORMS with INSUFFICIENT candidacy and examination entry fees** will not be processed.
- (vii) Currently available examination centers are: **Arusha, Dar es salaam, Dodoma, Mbeya, Moshi, Mwanza, Tanga, Zanzibar, and Mtwara**.
- (viii) For payment process please call **0737157312 during office working hours from 8:00 am to 4:00 pm to obtain Control Number**. No cash is accepted at PSPTB offices.
- (ix) **Control Number Used..... Amount paid.....Signature.....**
- (x) **Candidacy and examination entry Registration DEADLINES** for the May and November Examination Session are 15<sup>th</sup> March and 15<sup>th</sup> September Respectively.
- (xi) **Penalty fees will be charged** for Candidacy and Examination entry registration applications received after the deadline as indicated below:

SN	MAY EXAMINATION SESSION	NOVEMBER EXAMINATION SESSION	PENALTY FEE
1	16 <sup>th</sup> March – 31 <sup>st</sup> March	16 <sup>th</sup> September – 30 <sup>th</sup> September	50%

- (xii) **No applications will be accepted after 31<sup>st</sup> March or 30<sup>th</sup> September under any circumstances.**
- (xiii) **No candidacy or examination entry fee** paid for respective examination session is either transferable or refundable.
- (xiv) All exemptions requested should be approved by Board's appropriate authorities. **Qualifications used for seeking exemptions shall not be more than ten (10) years old since acquired.**
- (xv) By filling and returning this form to PSPTB, it is confirmation that you shall comply with **all terms provided herein**, and also to all conditions as stipulated **in the syllabus and examination bylaws**.
- (xvi) **Currently approved review centers: Arusha - PAC, CCA; Dar es salaam - CBE, Delve, KAS, Kibwana PBS, KPS, KitengaTC, NaTek; Dodoma - CBE, KPS; TIA; Moshi - DPC; Tanga - St Joseph College, Log Matrix. Mwanza - KPS, and SAUT. Mtwara - TIA; Morogoro – PEGO Business Center**

**FOR OFFICIAL USE ONLY:**

**SECTION D: EXAMINATION ELIGIBILITY AND EXEMPTION**

- (i) Candidate's documents checked by: (Examination Officer's)  
**Name.....Signature.....Date: .....**
- (ii) Exemption reviewed and proposed by Director of Professional Training with following reasons:  
 .....  
 .....  
**Name.....Signature.....Date: .....**
- (iii) Exemption **GRANTED/REJECTED** for the following reasons.....  
 .....  
**Name.....Signature.....Date.....**
- (iv) **Payment received** through Receipt No.....**Amount received TZS.....Date received.....**  
**Receipt issued by.....Signature of Receiver.....**