



**TANZANIA ASSOCIATION OF WOMEN CERTIFIED ACCOUNTANTS  
(TAWCA)  
APPLICATION FORM FOR MEMBERSHIP**

**1. PERSONAL PARTICULARS**

Full Name: (Mrs. /Miss / Ms.): NYANGULI WITNESS NYEREMBE

Other Names: -

Professional Affixes: -

Postal Address: 7725 KILIMANJARO .

Telephone No: Office.....

Mobile No: 0762 741 689

Personal E-Mail: nyerembe@yahoo.com and nyanguli.nyembe@psssf.go.tz

Address: 7725 KILIMANJARO .

Date of Birth: 27/11/1984

Nationality: TANZANIAN

Have you previously applied for Membership to the Association? (Yes/No): NO.

If yes, state date(s): .....

CPA Category: (FCPA, ACPA, PP, GA): .....

Year of graduation: .....

NBAA Registration No: .....

How did you Learn about TAWCA WORKMATE (eg. Social media, Friend etc

**2. CURRENT EMPLOYMENT PARTICULARS**

Name of Employer: PUBLIC SERVICES SOCIAL SECURITY FUND

Postal Address: 7725 KILIMANJARO

Telephone No: .....

E- Mail Address: .....

**3. DECLARATION**

I hereby declare that the foregoing statements are true and correct in every respect. I hereby apply for membership of the Association and enclose a Cheque / Cash for Tshs. 20,000/= in payment of application fee which I understand is non-refundable.

Applicant's Signature: *[Signature]* Date: 10/3/2026

All applications to be returned to:  
Mhasibu House, Mohamed Bibi Titi Street  
Ground floor, Room No. 107/108  
P.O. Box 78752  
Dar es Salaam

Enclosed the cheque for registration fee (TSh 20,000) and Annual Subscription Fee is Tsh 100,000 for Certified Accountants and Tsh 50,000 for Non-Certified Accountants. All cheque payable to "**Tanzania Association of Women Certified Accountants**" or deposit cash or wire transfer to **CRDB BANK ACCOUNT; A/C No: 0150206202 100**  
Or you can pay via number: **M - Pesa: 0754 455 015** Name Registered: **TAWCA TANZANIA**

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**FOR OFFICIAL USE ONLY**

Application No: .....  
Date Received: .....  
Approved by Executive Director Date: .....  
Category of Membership: .....  
Date Notification sent: .....  
Registration No: .....  
Date Identity Card Dispatched: .....  
Date Identity Card Acknowledged: .....  
Executive Signature: .....  
Date: .....

**Motto: Touching Lives, Changing Women's Mindsets**  
Mhasibu House, Bibi Titi Mohamed Street, P.O. Box 78752, Dar es salaam, Tanzania  
Email: [info@tawca.or.tz](mailto:info@tawca.or.tz) Website: <http://tawca.or.tz/>



JAMHURI YA MUUNGANO WA TANZANIA  
**KITAMBULISHO CHA TAIFA**  
 THE UNITED REPUBLIC OF TANZANIA  
 CITIZEN IDENTITY CARD



**19841127-12105-00003-12**

**JINA : NYANGULI WITNESS**  
*Given Name*

**JINA LA MWISHO : NYEREMBE**  
*Last Name*

**TAREHE YA KUZALIWA : 27 NOV 1984**  
*Date of Birth*

**JINSI : F**  
*Sex*

**SAINI:**  
*Signature*

*Nyerembe*

**MWISHO WA MATUMIZI : 08 SEP 2028**  
*Expiry Date*



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD



**19841127121050000312**

Kitambulisho hiki ni mali ya Senkani ya Jamhuri ya Muungano wa Tanzania. Huruhusiwi kukufanyia mabadiliko ya aina yoyote wala kumpatia mtu ambaye haruhusiwi kukitumia. Kama kikipotea, au kuharibiwa taarifa kamili lazima itolewe Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania. It should not be tampered with or allowed to pass into the possession of unauthorised person. If lost or destroyed the fact and circumstances should immediately be reported to the Local Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.

*Mmmma AW*

DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY



RISITI



**TZS 70,000.00**

Aina ya muamala	Hamisha Kwenda Crdb
Kutoka	Nyanguli Witness Nyerembe
Kwenda	Tz Ass Women Cert Account 0150206202100
Maelezo	Annual Subscription Fee And Application Fee For Tawca
Namba ya kumbukumbu ya malipo	19cd6b9a435d096f
Tarehe ya muamala	10/03/2026, 10:50 Am
Hali ya muamala	Imekamilika Kwa Mafanikio



Skani kuthibitisha uhalisia wa risiti