





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

**1. PERSONAL PARTICULARS**

Full Name: (~~Mrs~~/Miss /Ms): CPA Petta Halifa Kiwanga

Other Names: —

Professional Affixes: Accountant

Postal Address: P.O. Box 9264, Dar es Salaam

Telephone No: Office 0714033882 Mobile No: 0769134525

E-Mail Address: kipetz4@gmail.com

Date of Birth: 23/05/1984 Nationality: Tanzanian

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

If Yes, state date(s): —

CPA Category: ~~F CPA, A CPA, PP, GA~~: GA

Year of graduation: October, 2022

NBAA Registration No: GA 10556

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

**2. CURRENT EMPLOYMENT PARTICULARS**

Name of Employer: MIC INSURANCE

Postal Address: P.O. Box 9264 Samora/Pamba street,  
Dar es Salaam

Telephone No: +255 22 2113825/6

E-Mail Address: info@nictanzania.co.tz

**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: 20/02/2026



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



**19840523-14129-00001-13**

**JINA LA KWANZA : PETTA**

*First Name*

**MAJINA YA KATI : HALIFA**

*Middle Name*

**JINA LA MWISHO : KIWANGA**

*Last Name*

**JINSI : F**

*Sex*

**MWISHO WA MATUMIZI : 02 SEP 2025**

*Expiry Date*



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Tarehe & Muda

**Feb 23, 2026 11:27:16**

Kutoka

**Petta Halifa Kiwanga**

Kwenda

**Tz Ass Women Cert Account**

0150206202100

Aina ya Muamala

**Fund transfer - CRDB BANK**

Kiasi ( TZS )

**20,000**

Maelezo

**Registration fee**

Namba ya Kumbukumbu

**MKFT1245BMLYWY95B8643I9**

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