



Tanzania Association of Women Certified Accountants



TANZANIA ASSOCIATION OF WOMEN CERTIFIED ACCOUNTANTS (TAWCA)

APPLICATION FORM FOR MEMBERSHIP

1. PERSONAL PARTICULARS

Full Name: (Mrs. /Miss / Ms.): REHEMA HASHIM KAMBALITA

Other Names: .....

Professional Affixes: .....

Postal Address: 7725 KILIMANJARO

Telephone No: Office.....

Mobile No: 0718 163308

Personal E-Mail: kambalita.rehema466@gmail.com

Address: 7725 KILIMANJARO

Date of Birth: 07/02/201978

Nationality: TANZANIA

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 WORK MATE (eg. Social media, Friend etc

2. CURRENT EMPLOYMENT PARTICULARS

Name of Employer: PUBLIC SERVICES SOCIAL SECURITY FUND

Postal Address: 4705 KILIMANJARO

Telephone No: .....

E- Mail Address: .....



Tanzania Association of Women Certified Accountants

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: *Rehema* Date: *10/03/2020*

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**

**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/>

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

**19780207-25120-00001-10**

**JINA :** REHEMA HASHIM  
*Given Name*

**JINA LA MWISHO :** KAMBAGHA  
*Last Name*

**TAREHE YA KUZALIWA :** 07 FEB 1978  
*Date of Birth*

**JINSA :** F  
*Sex*

**SANI:**  
*Signature*

**MWISHO WA MATUMAZI :** 23 DEC 2020  
*Expiry Date*



THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

  
**1978020725120000110**

Kitambulisho haki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhiwa kuti jinyia mabadiliko ya ana yeyote wala kumpatia mtu ambaye haruhusiwa kukitumia. Kama ikihitolea, au kuharibiwa taarifa kamili lazima ibiwele Kituo cha Polisi na Ofisi ya NIDA au Ofisi ya Ubalazi ya Jamhuri ya Muungano wa Tanzania ifyo 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 unauthorized 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.

  
 DIRECTOR GENERAL  
 NATIONAL IDENTIFICATION AUTHORITY



RISITI



**TZS 70,000.00**

Aina ya muamala	<b>Hamisha Kwenda Crdb</b>
Kutoka	<b>Rehema Hashim Kambagha</b>
Kwenda	<b>Tz Ass Women Cert Account 0150206202100</b>
Maelezo	<b>Registration Fee Plus Subscription Fee</b>
Namba ya kumbukumbu ya malipo	<b>19cdb77140d7eb89</b>
Tarehe ya muamala	<b>11/03/2026, 08:55 Am</b>
Hali ya muamala	<b>Imekamilika Kwa Mafanikio</b>



Skani kuthibitisha uhalisia wa risiti