



# Partner Associates Ltd (PAL)

## REGISTRATION FORM

### PERSONAL INFORMATION

- 1 Name: .....
- 2 Reg. No.....
3. Gender. Male  Female
4. Highest Level of Education.....
5. Contact Information  
 Email .....
- Phone Number .....



### STUDY SESSIONS:

SESSION TYPE	SESSION DETAILS	Tick
Session 1	Tax Registration/ TIN Registration	
Session 2	Filing Returns/ Making Payments	
Session 3	Assessments/ Objections/Appeals/Return Amendments	
Session 4	NSSF/ LST/ LHT/ Operational Licenses/ Etc.	
Session 5	Tax Planning	

**DECLARATION:** I declare that to the best of my knowledge the information given is correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*TRAINEE*

For official use only – verified by:

Name \_\_\_\_\_ Title: Training *Director*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_