

# THE SRI LANKA INSTITUTE OF TAXATION

(Incorporated by Act No. 21 of 2000)

## **Application for Certificate Course in Taxation**

1. Full Name of the Applicant :

Mr./Mrs./Ms. ....  
.....

2. Address:.....  
.....

Telephone No :..... Mobile.....  
E-mail..... Fax :.....

3. Present employment or occupation:  
.....

4. Name & Address of the Employer  
.....  
.....  
Telephone No :..... Fax :.....

5. Payment is to be made by cash or cheque drawn in favour of the Sri Lanka Institute of Taxation. Cash is payable at any branch of People's Bank, to the credit of **A/C No. 337-1-001-3-0006039 at Dehiwala Galle Road Branch . (Please note to indicate your name, address & NIC number in the bank deposit slip)**

Mode of payment : Cheque / Bank Draft / Cash

Rs.....  
Cheque No..... Date .....

Name of the Bank and Branch .....

Date :.....  
.....  
Signature of Applicant

**FOR OFFICE USE ONLY**

Student Registration No.

Date of Admission

Receipt No. .... Date :.....