

**TANZANIA INVESTMENT CENTRE**

**INVESTORS’ SERVICE PROVIDERS APPLICATION FORM FOR NEW AND RENEWAL OF REGISTRATION**

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| ***Note:*** | *Please read the notes at the end of this form before filling. Complete filled applications forms should be returned to: -* |

Executive Director,

Tanzania Investment Centre,

P.O. Box 938,

**DAR ES SALAAM.**

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| --- | --- |
| **APPLICATION**  I……………………………………………………………………………………………………………..  *(****Full Name****)*  Hereby apply for registration as Investors’ Service Provider as per your invitation notice | |
| **PERSONAL OR FIRM PARTICULARS:**  **CONTACT ADDRESSES**  P.O. Box No:…………………………………………………………………………….........................  Telephone No:………………………….Mobile:………………………………………………………..  E-mail…………………………………………………………………………….……………………….. | |
| Physical Address: | Plot No…………………Block……………………………………………  Location /Street…………………………………………………………...  District ………………………Region ……………………………….. |
| Nationality:……………………………………………... | |
| TIN No…………………………………………….TIC Investors’ Service Provider Registration No. (in case of renewal) …………………………………………………….. | |
| List of firm’s staff trained by TIC (in case of renewal):   1. …………………………………………………….. 2. ….…………………………………………………. 3. ….………………………………………………..   (In case of additional staff please append an addendum) | |
| List of firm’s staff trained by TIC (in case of renewal):   1. ………………………………………………… 2. ….…………………………………………………. 3. ….………………………………………………..   (In case of additional staff please append an addendum) | |

**ACADEMIC QUALIFICATIONS FOR THE FIRM EMPLOYEE(S)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Employee’s Name** | **Name of Schools, Universities or other Institutions** | **Years (From…To…)** | **Name of Examining Body** | **Degree, Diploma, Certificate** | **Class/Division Attained** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |

(In case of additional employees please append an addendum)

**PROFESSIONAL QUALIFICATIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Employee’s Name** | **Name of Examining Body** | **Registration No.** | **Section, Stages, Parts Passed** | **Date Passed** | **Remarks** |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(In case of additional employees please append an addendum)

**PRACTICAL TRAINING AND EXPERIENCE BEFORE QUALIFYING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Employee’s Name** | **Name and Address of Organization** | **Years (From…To..)** | **Position Held** | **Nature of Training and Experience** |
|  |  |  |  |  |  |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |

(In case of additional employees please append an addendum)

**DECLARATION**

I hereby declare that the foregoing statements are true and correct in every respect.

Applicant’s Signature…………………………………………Date………………………

**NOTES:**

|  |  |
| --- | --- |
| 1. | A non-refundable application fee of Tsh equivalent to USD 100. |
| 2. | The application should be addressed to TIC Executive Director (they can be dropped at TIC Zonal Offices in Dar es Salaam, Dodoma, Mbeya, Moshi and Mwanza). |
| 3. | Upon successful application, the applicants will have to pay below stipulated fees   |  |  |  |  | | --- | --- | --- | --- | |  |  | **Initial Registration Fee (TSh equiv to USD)** | **Renewal of Registration annually (TSh equiv to USD)** | | 1. | Tanzanian Individuals | **500** | **200** | | 2. | Tanzanian Companies | **1,000** | **500** | | 3. | Foreigners | **1,500** | **1,000** | |
| 4. | The first-time registration will include initial training, materials, food/refreshments to be provided, coaching sessions, familiarization with TIC processes & systems, etc. |
| 5. | Please attach: -   1. Covering letter from an individual of firm intending to be registered as ISPs. All applications shall be addressed to;   Executive Director,  Tanzania Investment Centre,  P. O. Box 938,  DAR ES SALAAM.   1. A copy of the Certificate of registration by BRELA; 2. A Copy of Valid Business License; 3. A Copy of Certificate for Tax Identification Number (TIN); 4. Evidence of business premises including physical addresses (subject to physical verification); 5. Two recent passport size photographs of directors; 6. List of professional employees with a copy of their detailed Curriculum Vitae (CV), copies of educational and professional certificates, registration from the Professional Boards (if applicable) and National IDs; 7. Three (3) referees consisting of most recent consulting businesses; |
| 6. | If the applicant is an employee a letter of an employer should be attached indicating that has no objection for his employee to be engaged in Consultancy. |
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|  | **FOR OFFICIAL USE ONLY** |
| Date Received:……………………………………………………………………………….. | |
| Investors’ Service Providers Committee’s observations and recommendations …………………………………………….…………………………………………………… | |
| …………………………………………………………………………………………………. | |
| Date Notification sent:……………………………………………………………………….. | |
| Registration No:……………………………………………………………………………… | |
| DIF Signature:………………………………………Date:………………………………..... | |
| Date Certificate Dispatched:………………………………………………………………… | |
| Date Certificate Acknowledged:……………………………………………………………. | |
| Secretary’s Signature:………………………………..Date:………………………………… | |