



TEST REGISTRATION FORM

Candidate First Name: _____ Last Name: _____

Address (For Receiving International Mail): _____

P. O. Box: _____ City: _____ Country: _____

Email: _____ Tel No. _____ Fax. _____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Do you hold any Certification if yes please specify:

Certification: _____ I.D / REG No: _____

Certification Program to Appear: _____

Exam Series / Name: _____

Language: _____ Date: _____ Time: _____

Mode of Payment - Cheque: _____ Cash: _____

Sponsors Name: _____

Address: _____

For Official use only:

Date form received: _____

Form received by: _____

Amount paid: _____

Receipt No. _____

Received by: _____

Order No. _____

INSTITUTE FOR INFORMATION TECHNOLOGY

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