



Public Accountants' and Auditors' Board

CERTIFICATE OF COMPLETION

THIS SECTION MUST BE COMPLETED BY THE *TRAINEE ACCOUNTANT* AND IS APPLICABLE ONLY ON ACHIEVING A DEGREE

Name of training officer _____

Name of training office _____

Address of training office _____

Telephone number of training office _____

Full name(s) and surname of trainee accountant _____

Identity number of trainee accountant _____

Contact telephone number of trainee accountant _____

I _____ hereby confirm that I have obtained my degree and provided proof thereof to the PAAB in order to discharge my Training contract.

Trainee Accountant _____
Signature

Date

I _____ hereby confirm that I have received proof of the degree

Chair: Education & Training _____
Committee Signature

Date

