



PUBLIC ACCOUNTANTS' AND AUDITORS' BOARD

FORM TR 7

APPLICATION FOR ACADEMIC REMISSION IN THE TERM OF A TRAINING CONTRACT

THIS SECTION FOR the PAAB USE ONLY

Original term	Years	Core hours	Attendance hours
Dates from	DD MM YY	To	DD MM YY
Amount of remission granted	Years	Core hours	Attendance hours
New term	Years	Core hours	Attendance hours
New end date	DD MM YY		

NOTE: ANY ALTERATIONS TO THIS FORM MUST BE SIGNED BY BOTH THE TRAINEE ACCOUNTANT AND THE TRAINING OFFICER

1 TRAINEE DETAILS (must be completed by the trainee accountant)

PAAB NUMBER:

Title First names¹

Surname²

ID number

E-mail address Cell No:

Postal address: _____

¹ As indicated in the trainee's identification document.
² As indicated in the trainee's identification document.
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2 TRAINING OFFICE DETAILS (must be completed by the training officer)

Title MR MS Initials Surname

Training office name Branch

Postal address Code

Physical address Code

Telephone no. () Fax no. ()

Training officer e-mail address

3 REASON FOR THE ACADEMIC REMISSION
tick the applicable box and attach the relevant academic transcript

A.	Graduation in an accredited B Com degree during the currency of a five-year training contract	<input type="checkbox"/>
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B.	Graduation in a CTA or equivalent during the currency of a four year training contract	<input type="checkbox"/>
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I hereby, on behalf of the training office, apply for remission in the term of the training contract, entered into between the training office and the trainee accountant.

I certify that photocopies of all documents submitted with this application are true copies of all originals.

(Training officer signature)

(Date)

I confirm that the information given in this application is, to the best of my knowledge, true and correct.

(Trainee accountant signature)

(Date)

PLEASE NOTE THAT THE PAAB WILL NOT PROCESS ANY APPLICATIONS FOR ACADEMIC REMISSION IF THE APPLICABLE DOCUMENTS ARE NOT ENCLOSED