



ASSOCIATION OF  
ACCOUNTING TECHNICIANS  
OF SRI LANKA

AAT Centre, No. 540  
Ven. Muruththettuwe Ananda Nahimi Mw.  
Colombo 05  
Tel : 011-2559 669  
Email : [training@aatsl.lk](mailto:training@aatsl.lk)  
Web : [www.aatsl.lk](http://www.aatsl.lk)

## COMPLIANCE TO AAT PRACTICAL TRAINING REQUIREMENT FORM

Name of the Applicant	..... .....	
AAT Registration Number	.....	
Name of the Organization	.....	
Sector of the Organization	.....	
Position / Designation	.....	
Division / Department	.....	
Name and the Position of the Immediate Supervisor	..... .....	
Qualification of the Immediate Supervisor	.....	
Compliance to AAT Practical Training Requirement	<b>Experience Category</b>	<b>On the job training Facilitated (Tick (✓) if facilitated)</b>
	Financial Accounting	
	Audit & Assurance	
	Taxation	
	Management Accounting and Financial Management	
	Information Technology	
General Management and Secretarial Practice		

.....  
**Date**

.....  
**Signature of the Supervisor**

.....  
**Company Seal**