



ASSOCIATION OF
ACCOUNTING TECHNICIANS
OF SRI LANKA

AAT Centre, No. 540
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REQUISITION FORM – NVQ L5 EQUIVALENCE FOR AAT QUALIFICATION

Name
AAT Registration Number
Contact Number
Email
PF Effective Date
Reason for requesting the letter
Checklist (Tick (✓) if available)	<i>Compliance to AAT Practical training requirement Form</i> <input type="checkbox"/> <i>Certified copy of Service Letter</i> <input type="checkbox"/> <i>Payment Proof (Receipt to be attached)</i> <input type="checkbox"/>

.....
Date

.....
Signature

(FOR AAT SRI LANKA USE ONLY)

Date – Received Request _____

Date – Letter issued _____

Remarks _____

.....
Date

.....
Manager – Education & Training