



DAR ES SALAAM MARITIME TRAINING ACADEMY (DMTA)



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DMTA F-7 FINANCIAL CLEARANCE FORM (FCF)

Date of Request: ____ / ____ / ____

1. TRAINEE INFORMATION

Full Name of Trainee:		
Registration / Student ID:		
Program / Course Name:		
Period of Study:	From:	To:
Contact Number:		

2. FINANCIAL STATUS CHECKLIST

Fee Category	Amount Due	Amount Paid	Outstanding Balance	Status (✓ / X)
Tuition Fees				
Registration Fees				
Examination Fees				
Library / Equipment Fines				
Graduation / Certificate Fees				
Other (Specify):				

All fees must be cleared before certificate processing begins.

3. FINAL CONFIRMATION

- All outstanding balances have been cleared in full.
- The trainee is **financially cleared** for certificate issuance.

(Tick the appropriate box above)

4. AUTHORIZATION

Finance Officer Name:	
Signature:	
Official Stamp:	
Date of Clearance:	

5. FOR OFFICE USE ONLY

Verified by Registrar's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Remarks (if any):		

Notes:

- This form must be attached to the **Certificate Approval Sheet (CAS F-9)**.
- Keep a **copy in the trainee's file** and submit the original to the **Registrar's Office**.