

CHARTERED INSTITUTE OF TAXATION (GHANA)

P.O.BOX OS.1558, OSU ACCRA, P.O.BOX LG 1253, LEGON-ACCRA GHANA

TEL (0303934846)

APPLICATION FOR EXEMPTION FROM EXAMINATION

1. Surname:
2. Other Names:.....
3. Postal Address:.....
.....
4. E-mail:.....
5. Tel:..... TIN.....
6. Student Registration Number:.....
7. Exemption Sought

Level	Subjects	Exemption Fee GH¢
Total Exemption Fee		

8. Grounds on which exemption is sought (Attach evidence)

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9. Signature:.....

10. Date:

❖ An Exemption Fee must accompany this application.
Remittances are to be made payable to the Chartered Institute of Taxation (Ghana).

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