

CHARTERED INSTITUTE OF TAXATION (GHANA)
P.O.BOX OS 1558, OSU ACCRA GHANA TEL (0303-934846)

Studentship No

CIT/SR/

EXAMINATION ENTRY FORM

To the Council of the Chartered
Institute of Taxation (Ghana)

(For office use only)

I hereby apply to be allowed to present myself for the February/August /20 Examination of the Institute
and I herewith enclose GH¢being Examination fee, in accordance with the
regulations of the Council.

IT IS IMPORTANT THAT ALL PARTICULARS BE GIVEN IN DETAILS

1. Surname:
(BLOCK LETTERS)
2. Other names (s)
(BLOCK LETTERS)
3. Age Date of Birth.....Tel No:.....
4. Employers Address:.....
5. If receiving practical training, give particulars including date of commencement
.....
.....
6. Is this your first attempt, Yes/No? If No, state the number of times you have presented
yourself
7. Are you taking a referred paper? Yes/No if yes, state subject
8. How many times have you written this referred paper?

9. **IMPORTANT:** Fill in your name and the address to which the examination Result should be posted

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.....

E-mail Address:.....

10. Examination Centre (Write and circle only one):

a. Accra b. Kumasi

11. *The candidate's attention is drawn to the following rules:-*

- a. Applications for review of exam scripts should be received within two (2) weeks after the release of exam results by the Secretariat.*
- b. All reviews are subject to payment of GH¢ 750.00 per paper.*
- c. Exams Committee and Council's decisions on results released are final.*
- d. No person other than a registered student will be permitted to sit for the Examination of the Institute.*

The condition precedent to consideration of this application is that under no circumstances shall fees paid be refunded.

Date:..... Signature:

EXAMINATION FEES

Technician Level	GH¢ 150.00 (Per Paper)
Professional Level	GH¢ 150.00 (Per Paper)
Final Level 1	GH¢ 200.00 (Per Paper)
Final Level 2	GH¢ 200.00 (Per Paper)

State LEVEL (S) (PAPER to be taken

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