**CHARTERED INSTITUTE OF TAXATION, GHANA**

**P.O.BOX OS 1558, OSU ACCRA GHANA**

**TEL. (0303-93 48 46), Email: taxinstitute@taxghana.org**

CIT/SR/

Studentship No

**EXAMINATION ENTRY FORM**

(For office use only)

To the Council of the Chartered

Institute of Taxation, Ghana

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

…………………………………………………………………………………….……….

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6. Ghana Card No.: …………………………………………………………………………...

7. Is this your first attempt, Yes/No …………..? If No, state the number of times you have presented yourself ………………………. ….. ………………………..………………

8. Are you taking a referred paper? Yes/No if yes, state subject ……………………….

9. How many times have you written this referred paper? …………………………………

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

…………………………………………………………………………….…..........................

E-mail Address: ………………………………………………………………………………..

11. Examination Centre (Write and circle only one): ……………………………………………..

***a. Accra b. Kumasi***

12. Remittances and the evidence of Payment ***(Pay-In-Slip)*** should be made to the following bank details

in the name of ***Chartered Institute of Taxation, Ghana***;

**a. Ecobank Ghana, Head Office Branch, Account No. 1441001393034 and or**

**b. Standard Chartered Bank, Liberia Road Branch, Account No. 0100113743400**

13***.* The candidate’s attention is drawn to the following rules: -**

1. ***Applications for review of exam scripts should be received within two (2) weeks after the release of exam results by the Secretariat.***
2. ***All reviews are subject to payment of GH¢ 3,100.00 per paper.***
3. ***Exams Committee and Council’s decisions on results released are final.***
4. ***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**

Professional Level GH¢ 200.00 (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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