

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?

