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

Studentship No

EXAMINATION ENTRY FORM

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:			
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.	TIN			
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		
11.	Examination Centre (Write and circle on a. Accra b. Kumasi	ly one):	
12.	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¢ 3,100.00 per paper.		
	c. Exams Committee and Council's decisions on results released are final.		
	d. No person other than a registered s Institute.	student will be permitted to sit for the Examination of the	
	condition precedent to consideration of thi funded.	s application is that under no circumstances shall fees paid	
	Date:	Signature:	
	EXA	AMINATION 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		