

# CHARTERED INSTITUTE OF TAXATION, GHANA

## STUDENTSHIP REGISTRATION FORM

**P.O.BOX OS.1558, OSU ACCRA, P.O.BOX LG 1253, LEGON-ACCRA GHANA**  
**TEL (0303934846)**

I hereby apply to be registered as a student of the Chartered Institute of Taxation (Ghana) in accordance with the Regulations of the Council of the Institute, and I herewith enclose .....being Registration Fee which is not refundable under any circumstances.

1. Surname (Block Letters) .....
2. Other Names in full (Block Letters).....  
.....
3. (a) Postal Address (Block Letters).....  
.....  
(b) E-mail.....  
(c) Telephones .....
4. TIN: .....
5. Age and Date of Birth (Attach evidence of date of birth) ..... Sex .....
6. Academic/Professional Qualifications

Qualifications	Date	Subjects Passed	Grades

7. Occupation/Employment History

Name and Address of employer	Position	Nature of employment	Date	
			From	To
Previous				
1.				
2.				
3.				
4.				
Present				

(If self-employed state the nature of employment with dates in the columns.)

8. If following a course of full-time instruction at an educational institution, give particulars of such full-time course of instruction and name and address of the institution .....
- .....
- .....
- .....
- .....

9. Names and addresses of two References (one of whom must be applicant's employer or applicant's head of educational institution or member of the Chartered Institute of Taxation (Ghana) who can testify as to the truth and correctness of statements made by the applicant and that he is fit and proper to be registered as a student of the Institute

(1) Name.....  
Profession .....  
Postal Address.....  
.....  
E-mail: .....  
Tel:.....  
  
Signature.....

(2) Name.....  
Profession .....  
Postal Address.....  
.....  
E-mail .....  
Tel:.....  
  
Signature:.....

I hereby on registering as a student agree to abide by the Rules laid down by the Council of the Institute from time to time

Date.....

.....  
Signature

N.B. Completed Registration Form should be forwarded to

The Secretary  
Chartered Institute of Taxation (Ghana)  
P. O. Box OS 1558  
Osu-Accra

together with the following: -

1. Photostat copies of your certificate (s)
2. Original (s) of your certificate (s) for verification. This/these will be returned to you under registered cover.
3. Two passport size photographs with your name at the back of them
4. Evidence of date of birth.