

# CHARTERED INSTITUTE OF TAXATION, GHANA

## STUDENTSHIP REGISTRATION FORM

**P.O.BOX OS.1558, OSU ACCRA, P.O.BOX LG 1253, LEGON-ACCRA GHANA**  
**TEL. (0303-93 48 46), Email: [taxinstitute@taxghana.org](mailto:taxinstitute@taxghana.org)**

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. Age and Date of Birth (Attach evidence of date of birth) ..... Sex .....
5. Ghana Card No: .....
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 .....

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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.....  
 Place of Work .....  
 Position.....  
 Postal Address.....  
 Ghana Card No.....  
 E-mail: .....  
 Tel:.....  
 Signature.....

(2) Name.....  
 Place of Work .....  
 Position.....  
 Postal Address.....  
 Ghana Card No.....  
 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 Registrar,  
 Chartered Institute of Taxation, Ghana  
 Rev. J. J. Mantey, Block, UPSA Campus, Accra  
 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. Copy of Ghana Card
5. 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*
- c. *CITG Online Payment Platform: <http://merchant.paywithonline.com/?mc=citg>*