



THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

PROFESSIONAL EXAMINATION ENTRY FORM

*Affix 2
Passports
Here
Certified by
Member*

EXAM NO:.....
(OFFICIAL USE)

NAME OF CANDIDATE:.....
(Surname first)

REGISTRATION NUMBER:.....

CONTACT ADDRESS:.....

PHONE NUMBER:.....

E-MAIL:.....

QUALIFICATION(S):.....

STAGE / SUBJECT	SUBJECT ENTERED FOR	FEE PER SUBJECT	TOTAL AMOUNT
<u>FOUNDATION</u>			
1. ACCOUNTING	<input type="text"/>	2,000.00	
2. BUSINESS LAW	<input type="text"/>	2,000.00	
3. MANAGERIAL ECONOMICS	<input type="text"/>	2,000.00	
4. MANAGEMENT INFORMATION SYSTEM	<input type="text"/>	2,000.00	
<u>PROFESSIONAL I</u>			
1. REVENUE LAW	<input type="text"/>	4,000.00	
2. PERSONAL TAXATION	<input type="text"/>	4,000.00	
3. BUSINESS TAXATION	<input type="text"/>	4,000.00	
4. INTERNATIONAL TAXATION	<input type="text"/>	4,000.00	
<u>PROFESSIONAL II</u>			
1. TAX AUDIT AND INVESTIGATION	<input type="text"/>	5,000.00	
2. OIL, GAS & OTHER MINERALS TAXATION	<input type="text"/>	5,000.00	
3. TAX PRACTICE & BUSINESS MANAGEMENT	<input type="text"/>	5,000.00	
4. CASE STUDY IN TAXATION	<input type="text"/>	5,000.00	
ADD THE FOLLOWING FEES:			
1. FORM FEE			500.00
2. REGISTRATION FEE (NON REFUNDABLE)			4,000.00
3. ANNUAL SUBSCRIPTION			1,500.00
DATE:.....			

SIGNATURE:.....

P.T.O.

PLEASE TICK



TO INDICATE YOUR CHOICE OF EXAMINATION CENTRE

ABUJA

KANO

LAGOS

KADUNA

IBADAN

PORT/ H

ENUGU

BENIN

LAST EXAMINATION DIET:..... EXAM NO:.....

Declaration by candidate:

I, hereby declare that the information given on this form is correct and I agree to abide by the Institute's examination rules and regulations.

SIGNATURE:.....DATE:.....

FOR OFFICE USE ONLY

ITEMS TO ACCOMPANY FORM

1. PHOTOCOPY OF LETTER OF REGISTRATION

2. PHOTOCOPY OF RESULT OF LAST EXAMINATION

(IF ANY)

3. TWO (2) PASSPORT PHOTOGRAPHS

4. TWO (2) SELF ADDRESSED STAMPED ENVELOPES

5. PHOTOCOPY OF EXEMPTION CERTIFICATE (IF ANY)

6. PHOTOCOPIES OF EDUCATIONAL CERTIFICATES

CERTIFIED BY THE REFEREE

7. EVIDENCE OF PAYMENT OF ALL PRESCRIBED

EXAMINATIONS FEES

Examination Officer Signature

Date