



# The Chartered Institute of Taxation of Nigeria

(Chartered by Act No. 76 of 1992)

Professional Examination Entry Form for .....

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

REGISTRATION NUMBER:.....

CONTACT ADDRESS:.....

QUALIFICATION(S):.....

*Affix 2  
 Passports  
 here*

STAGES / SUBJECTS	SUBJECT ENTERED FOR	FEE PER SUBJECT	TOTAL AMOUNT
<b>FOUNDATION</b>			
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	
<b>PROFESSIONAL I</b>			
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	
<b>PROFESSIONAL II</b>			
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	
<b>ADD THE FOLLOWING FEES:.</b> FORM FEE		500.00	
2. REGISTRATION FEE (NON REFUNDABLE)		4,000.00	
3. BUILDING LEVY (ONCE AND FOR ALL)		2,000.00	
<b>TOTAL FEES PAID:</b>			

SIGNATURE:.....

DATE:.....

*P.T.O*

PLEASE TICK  TO INDICATE YOUR CHOICE OF EXAMINATION CENTER

Abuja	Kaduna	Kano	Lagos	Port Harcourt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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                                 | <input type="checkbox"/> |
| 2. PHOTOCOPY OF RESULT OF LAST EXAMINATION<br>(IF ANY)                 | <input type="checkbox"/> |
| 3. TWO (2) PASSPORT PHOTOGRAPHS  | <input type="checkbox"/> |
| 4. TWO (2) SELF ADDRESSED STAMPED ENVELOPS                             | <input type="checkbox"/> |
| 5. PHOTOCOPY OF EXEMPTION CERTIFICATE (IF ANY)                         | <input type="checkbox"/> |
| 6. PHOTOCOPIES OF EDUCATIONAL CERTIFICATES CERTIFIED<br>BY THE REFEREE | <input type="checkbox"/> |
| 7. EVIDENCE OF PAYMENT OF ALL PRESCRIBED<br>EXAMINATIONS FEES          | <input type="checkbox"/> |

\_\_\_\_\_  
*Examination Officer Signature*

\_\_\_\_\_  
*Date*