



THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA
EXAMINATION ENTRY FORM FOR

*Affix 2
Passports
here*

NAME OF CANDIDATE:.....
 (Surname first)
 REGISTRATION NUMBER:.....
 CONTACT ADDRESS:.....
 QUALIFICATION(S):.....

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

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

PLEASE TICK TO INDICATE YOUR CHOICE OF EXAMINATION CENTRE

ABUJA KANO LAGOS PORT HARCOURT

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
(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 BY THE REFEREE | <input type="checkbox"/> |
| 7. EVIDENCE OF PAYMENT OF ALL PRESCRIBED
EXAMINATIONS FEES | <input type="checkbox"/> |

Examination Officer Signature

Date