

THE CHARTERED INSTITUTE OF TAXATION (GHANA)
P. O. BOX OS. 1558 OSU - ACCRA
APPLICATION FOR EXEMPTION FROM EXAMINATION

1. Surname: _____

2. Other Name: _____

3. Postal Address: _____

4. Email: _____

5. Tel.: _____

6. Student Registration Number: _____

7. Exemption Sought:

Level	Subject	Exemption Fee
Professional		
Total Exemption Fee		

8. Ground on which exemption is sought: (Attach evidence)

9. Signature: _____

10. Date: _____

An exemption fee must accompany this application.

Remittance are to be made payable to Chartered Institute Of Taxation (GHANA)

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