CITG TRANSCRIPT REQUEST APPLICATION FORM

CHARTERED INSTITUTE OF TAXATION, GHANA (CITG)

P.O.BOX OS 1558, OSU ACCRA GHANA

TEL.: (0303-93 48 46),

EMAIL: taxinstitute@taxghana.org

Studentship No.

CITG/SRN:

TRANSCRIPT REQUEST APPLICATION FORM

To	Council	For office use only
	ered Institute of Taxation, Ghana (CITG)	
I wish	h to apply for a transcript of my qualifying professional examination	n and enclosed herewith GHg
• • • • • • •	being transcript request application fee, in accordance	nce with the regulations of the
Counc	cil.	
	IT IS IMPORTANT THAT ALL PARTICULARS BE GIVE	EN IN DETAILS
1.	Surname:	
	(BLOCK LETTERS)	
2.	Other names (s)	
	(BLOCK LETTERS)	
3.	CITG Studentship Number:	
4.	Tel. No:	
5.	Ghana Card No.:	
6.	Email Address:	
7.	CITG Official Receipt Number & Date of Payment:	
8.	Please, attach evidence of remittance and/or payment (<i>Pay-In-Slip</i>). Note that payments are to be made to the <i>Chartered Institute of Taxation</i> , <i>Ghana</i> (<i>CITG</i>) via any of the following mode:	

a) CITG Online Payment Platform: http://merchant.paywithonline.com/?mc=citg

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- b) Ecobank Ghana, Head Office Branch, Account No. 1441001393034, or
- c) Standard Chartered Bank, Liberia Road Branch, Account No. 0100113743400
- 9. A scanned copy of the filled Transcript Request Application Form together with the evidence of payment (*pay-in-slip etc.*) can be sent to the Institute's email: <u>taxinstitute@taxghana.org</u>.
- 10. Note that fees paid are non-refundable.

 Date: Applicant's Signature: FEES

GH¢150.00

Transcript Request Application Fee

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