CITG TRANSCRIPT REQUEST APPLICATION FORM

CHARTERED INSTITUTE OF TAXATION, GHANA (CITG)

P.O.BOX OS 1558, OSU ACCRA GHANA

<u>TEL.: (0303-93 48 46),</u>

EMAIL: taxinstitute@taxghana.org

Studentship No.

CITG/SRN:

TRANSCRIPT REQUEST APPLICATION FORM

То		For office use only
	Council tered Institute of Taxation, Ghana (CITG)	
I wish	sh to apply for a transcript of my qualifying professional examination	on and enclosed herewith GH¢
• • • • • • •	being transcript request application fee, in accorda	nce with the regulations of the
Counc	cil.	
	IT IS IMPORTANT THAT ALL PARTICULARS BE GIVE	EN IN DETAILS
1.	. Surname:	
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>), made to the <i>Chartered Institute of Taxation</i> . <i>Ghana (CITG)</i>	- ·

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¢300.00

Transcript Request Application Fee