

INSTITUTE OF TAX LAW AND FORENSIC ACCOUNTANTS

The Unwritten Idea



Affix
Photograph

FORM ON.....

NAME OF APPLICANT

SURNAME.....

FIRST NAME.....

MIDDLE / OTHER NAMES.....

*Institute of Tax Law and Forensic Accountants
P.O. Box MP 899 Mamprobi
Accra*

Email: itlfa@gmail.com

Telephone Number: 055 106 4594

NOTE: Candidate Are to Requested to Send the Completed Form To:

The Registrar
Institute of Tax Law and Forensic Accountants
P.O. Box MP 899 Mamprobi
Accra

ACCOMPANYING DOCUMENTS

1. Certified True Copies of Certificate and Original Transcript of Academic and / or Professional records.
2. Two Self – Addressed Envelops with A Local Stamp.
3. Two Recent Passport-Sized Photographs, One of Which Should Affixed to The Form.
4. A National Identity – Voter ID, National Identification Card, Passport or National Health Insurance Card.

Please note that hand delivery is strongly recommended.

INSTRUCTIONS FOR COMPLETING FORM

Use Black or Blue Pen to Fill the Form, Using Block Letters Only.

Personal Information

Surname

Rev/Dr./Mr./Mrs. / Ms.

.....

First Name and Other Names.....

Sex.....

Date of Birth.....

Place of Birth.....

Nationality.....Home Town.....

Occupation.....

Marital Status.....

Area of Academic / Professional Interest.....

Address to Which Communication / Correspondence Regarding This Application Should Be Sent.

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Permanent Address, If Different from the Above

.....

Mobile Telephone.....

Business Telephone.....

Business Fax.....

Personal Email.....

Business Email.....

In Case of Emergency, Please Contact

Name of Contact Person.....

Mobile Phone

Occupation

Place of Work.....

Email.....

Institutes Attended / Educational Background (Academic)

No	Name of Institution	Degree/Diploma Obtained	Dates Attended and Completed	Key Subject Areas Studied
1				
2				
3				
4				
5				
6				

Institutes Attended / Educational Background (Profession)

	Name of Institution	Qualification awarded	Dates Attended and Completed	Key Subject Areas Studied
1				
2				
3				
4				
5				

Key Employment History (Working Experience)

Employer	Position	From	To

Payment of Fees

Candidates are required to pay their fees in full before gaining admission. Payment of fees by Bankers' Draft, Cheque, Cash or any legally accepted mode.

Fees Paid..... Receipt No.....

Applicant's Signature.....

Date of Application.....

Waiver/Disclaimer

I declare that the information provided by me with respect to this application is correct devoid of any misrepresentation, hiding or providing fraudulent information in order to gain admission.

Caveat

Fees once paid are not under circumstances refundable.

Level of Course Applying For

Certificate Level

Diploma Level

Foundation

Certificate

Professional

Employment Details

Current Employment / Place of Work.....

Business / Company Address.....

Business / Company Telephone.....

Business / Company Email.....

Position / Status in The Organization.....

Industrial Environment of Your Company Business

Public Private NGO

Sponsorship (Tick as Appropriate)

- Government Scholarship / Bursary
- Employer
- Self
- Other

For Office Use Only

Level Applied For.....

Application Vetted By.....

Application Approved By.....

Date of Approval.....

Receipt No.....

Name of Approving Officer.....

Signature of Approving Officer.....