

PART 3 AUTUMN 2010 EXAMINATION ENTRY FORM

ONLY FOR STUDENTS WHO ARE NOT REPEATING A COURSE

PLEASE COMPLETE IN BLOCK CAPITALS

1. Personal Details

Surname	First Name
Title Mr/Ms/Mrs/Dr (delete as appropriate)	
Address	
Home Telephone no.	
Mobile no.	
E-mail address	
<i>A valid e-mail address is mandatory and will be used to send important student information.</i>	

2. Employment Details

Company Name
Address
Business Telephone No.

4. Continuous Assessment

Please select which continuous assessments you intend to present for: January * July

Advanced Personal Taxes

Please tick your first and second venue preference as appropriate:

1st Pref: Dublin Cork Limerick Athlone

2nd Pref: Dublin Cork Limerick Athlone

Cost for all 4 papers €350 Cost per paper €105

5. Examination Details

Please tick your first and second venue preference as appropriate:

1st Pref: Dublin Cork Limerick Athlone

2nd Pref: Dublin Cork Limerick Athlone

Students will be awarded their first preference where possible. Note that venues are subject to availability and demand.

Details of all venues will be published on the ITI website in due course.

Advanced Personal Taxes

Advanced Business Taxes

Advanced Indirect Taxes

Professional Advice, Tax Audits and Ethics

4. Payment

Amount enclosed			
Credit Card	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
Bank Draft	<input type="checkbox"/>	Cash	<input type="checkbox"/>
Card No.			
Card Address			Expiry Date

5. Declaration

I hereby give notice that I wish to present myself for the Part 3 AITL Examinations to be held on the 30 and 31 August, 2 and 3 September 2010. I have given the information required of me by the Education & Qualifications Committee.

Where a student's course fees and/or examination fees are being paid by his/her employer, the employer may request a copy of the student's continuous assessment and examination results. Where his information is requested the Institute will provide the student's results and the Institute will not inform the student in the event of such a request being made by their employer. By signing this form you confirm your consent to the disclosure of your results to your employer without further notice to you.

I certify that the information given is correct and I agree to be bound by the regulations and decisions of the Education & Qualifications Committee. I agree that the Institute may publish my examination results.

I confirm that I have read and understood the AITL Student Handbook 2009/2010 including the new examination rules that come into effect from 2009/2010.

Signature	
Date	Student no. (if known)

6. For Office Use Only

Exempt/Passed Part 2	Examination No:
Credit/Referral	Result
No. of Attempts	

Closing date: 14 May 2010. Do not fax this form.

Exam fees are non-transferable and non-refundable.

***If you wish to sit continuous assessment in January 2010,
closing date for application is 18 December 2009.**