



NATIONAL INSTITUTE OF ACCOUNTING TECHNICIANS

NATIONAL INSTITUTE OF ACCOUNTING TECHNICIANS IN THE PHILIPPINES

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CAT EXAM APPLICATION FORM

PERSONAL DATA

Mr./Ms./Mrs./Miss/Dr. _____ Last/Family Name/Surname: _____

First/Given Name: _____ Middle Name: _____ Suffix: _____

Date of Birth (mm/dd/yyyy): ____/____/____/

- Student
 Professional
 New
 Retake

CONTACT INFORMATION (Please indicate your contact preference)

HOME MAILING ADDRESS

Street: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Mobile Number: _____

Personal E-mail Address: _____

BUSINESS MAILING ADDRESS

Position: _____

Company Name: _____

Street: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Fax Number: (Country code/Area code/City code) _____

E-mail Address: _____

EDUCATIONAL & PROFESSIONAL INFORMATION

Bachelor's Degree Year: _____

Course: _____

University: _____

Masters Year: _____

Course: _____

University: _____

CPA License No.: _____ Year: _____

CAT EXAM LEVEL (to be taken in the current enrolled schedule)

CAT LEVEL 1 (Accounting) Exam Date: _____

CAT LEVEL 2 (Cost Accounting) Exam Date: _____

CAT LEVEL 3 (Payroll & Taxation Accounting) Exam Date: _____

NIAT TRAINING PROVIDER:

Topnotch CAT Reviewers

REQUIRED DOCUMENTS

- One (1) copy ID Picture any size
- One (1) copy of: (submit ONLY ONE OF ANY of the documents listed, whichever is applicable)
 - for undergraduate students – school ID or school registration
 - for recent graduates (within 6 months after graduation date) – diploma or transcript of records
 - for professionals and graduates (more than 6 months graduated) – company ID or (resume/CV or diploma/TOR if unemployed)

ACCEPTANCE

Signature _____

Date _____

OFFICIAL USE ONLY:

OR NO. _____ DATE PAID: _____ DCR NO. _____ VERIFIED: _____