



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

CAT LEVEL 1 (Accounting) Exam Date: _____
 CAT LEVEL 2 (Cost Accounting) Exam Date: _____
 CAT LEVEL 3 (Payroll & Taxation Accounting) Exam Date: _____

NIAT TRAINING PROVIDER:

REQUIRED DOCUMENTS

FOR STUDENTS: Please provide a Photocopy of your Certificate of Registration and attach to this form.
 (Provided by the School with the details of School Year)

FOR PROFESSIONALS: Please provide a Photocopy of your Company ID and attach to this form.

ACCEPTANCE

Signature _____

Date _____

OFFICIAL USE ONLY:

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