



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: _____