

THE INSTITUTE OF TAXATION Register for Members

<p>PHOTO</p> <p>On becoming Affiliate Member</p>	<p>PHOTO</p> <p>On becoming Associate Member</p>	<p>PHOTO</p> <p>On becoming Fellow Member</p>	<p>PHOTO</p> <p>On becoming CTA Member</p>
--	--	---	--

Membership No.				Date of registration as Affiliate		
Name				Meeting Date for Approval		
Father's Name				Certificate No.		
Nationality				Date of registration as Associate		
C.N.I.C. No.				Meeting Date for Approval		
Date of Birth				Certificate No.		
Academic Qualifications				Date of registration as Fellow		
Professional Qualifications				Meeting Date for Approval		
Date of registration as Member in Practice				Certificate No.		
Meeting Date for Approval				Date of registration as CTA		
Date of renewal of Certificate of Practice				Meeting Date for Approval.		
Date of Removal				Certificate No.		
Reasons of Removal						
Date of Re-instatement						
Permanent Address						
Present Profession Address						
Annual Fee						
Year	1	2	3	4	5	6
Receipt No.						
Date paid						
Amount Paid						
Year	7	8	9	10	11	12
Receipt No.						
Date paid						
Amount Paid						