



# The Institute of Taxation

## Re-admission to Student Membership

**CTA**  
PAKISTAN

Please read carefully the Institute's policy on re-admission to student membership before completing this application form:

Re-admission to Student Membership	
Re-joining the Institute <b>after three years</b> of ceasing to be a Student	Pay a re-admission fee equivalent to <b>2-years' annual subscription fee</b> plus annual registration fee for the year of re-admission
Re-joining the Institute <b>within three years</b> of ceasing to be a Student	Pay a re-admission fee equivalent to <b>annual subscription fees for lapsed years of student membership</b> , plus annual registration fee for the year of re-admission

### Important Notes:

1. The re-admission fee to be paid will be calculated based on the prevailing full rates of annual subscription in the year of re-admission.
2. All re-admitted students are required to comply with the Institute's Code of Professional Conduct.

### A. Personal Particulars (Please complete this part in BLOCK Letters)

Student No.: \_\_\_\_\_ CTM/ACIT/CTA Level: \_\_\_\_\_

Name: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Office Address: \_\_\_\_\_

Correspondence Address:  Same as the office address

Please use the following residential address:

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### B. Grounds for Re-admission to Student Membership

Please provide adequate reason(s) in support of your application for re-admission to student membership of the Board of studies consideration.

### C. Payment Method (Please tick as appropriate)

Re-admission fee: \_\_\_\_\_ Rs. \_\_\_\_\_

Annual registration fee for the current year: \_\_\_\_\_ Rs. \_\_\_\_\_

**Total amount to be paid:** \_\_\_\_\_

Please refer to the fees schedule at the bottom of page 2 for the amounts of re-admission fee and surcharge.

### The Institute of Taxation

48A, Block C3, Gulberg III Lahore. Tel: (042) 35870645-47 Fax: (042) 35765061

Website: www.citp.org.pk Email: study@citp.org.pk

**BY CASH**

I tender in cash totaling Rs.: \_\_\_\_\_

**BY CHEQUE**

Please enclose a crossed cheque made payable to "The Institute of Taxation".

Cheque No.: \_\_\_\_\_ Bank Code: \_\_\_\_\_

**D. Declaration****I hereby declare that:**

1. The above information provided in support of my application for re-admission to student membership is true to the best of my knowledge and belief.
2. I undertake to observe and abide by the Articles of Association and the bye-laws of the Institute, to uphold the Institute's professional standards and to comply with the Code of Professional Conduct.
3. I consent to my personal information being collected, used and disclosed for the administration of the Institute.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Fees Schedule**

	ACIT	CTM	CTA
	Rs.	Rs.	Rs.
Annual Subscription Fee	2,000	2,000	3,000

FOR OFFICE USE ONLY					
Date received	Updated Documents (if any)	Checked by	Approved by	Approval date	Remarks

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