

The Institute of Taxation

Application for Re-admission to membership

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

Re-admission to Membership	
Re-joining the Institute after three years of ceasing to be a member	Pay a re-admission fee equivalent to 2-years' annual subscription , plus annual subscription for the year of re-admission
Re-joining the Institute within three years of ceasing to be a member	Pay a re-admission fee equivalent to annual subscription for the lapsed years of membership , plus annual subscription 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 membership in the year of re-admission.
2. All re-admitted members are required to comply with the Institute's Code of Professional Conduct and the continuing Professional Development requirements
3. All members who apply to regain designation and are in public practice must also comply with the Public Practice standards prescribed by the Institute.

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

Membership No.: _____

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. Re-admission to Membership

I wish to apply for re-admission to membership:

☐ Affiliate ☐ ATA ☐ FTA ☐ CTA

C. Grounds for Re-admission to Membership

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

The Institute of Taxation

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

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

D. Declarations of Status (for Regaining membership) Please tick as appropriate

- ☐ **Practicing** A member who provides taxation services to the public on a full-time or part-time basis as a sole practitioner, a member of a partnership, a member of a limited liability partnership, a proprietor of an unincorporated body, a director of, or an employee of, a company providing taxation services in which they have a financial interest which represents 10% or more of the equity capital, or an employee who holds themselves out as a member and provides taxation services to the public.
- ☐ **Non Practicing** A member who does not fall within the definition of practicing member as defined above.

E. CPD Declaration for Recognised Activities Attended in the Past 12 Months

Please read the CPD regulations before making your CPD Declaration.

I, (Name) -----, hereby declare that, during the past 12 months, I have **ATTENDED** recognised activities in person for not less than 30 hours, of which at least 20 hours are tax related.

F. Payment Method (Cash or Cheque payable to "Institute of Taxation")

☐ **Re-admission to membership**

Re-admission fee: Rs. _____

Annual membership fee for the current year: Rs. _____

Total amount to be paid: _____

Please refer to the fees schedule at the bottom of the page for membership fee.

G. Declaration

I hereby declare that:

- The above information provided in support of my application for re-admission to membership is true to the best of my knowledge and belief.
- 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.
- I have not been subject to a disciplinary sanction (including disciplinary, regulatory or similar proceedings) by any professional body, employer, tribunal, or education provider.
☐ I have NOT ☐ I have
 - I have not been arrested on suspicion of, charged with, or convicted of a criminal offence.
☐ I have NOT ☐ I have
 - I have not been disqualified as a director or trustee, or have entered into a disqualification undertaking.
☐ I have NOT ☐ I have
 - I have not been declared bankrupt or have entered into an Individual Voluntary Arrangement.
☐ I have NOT ☐ I have
- I consent to my personal information being collected, used and disclosed for the administration of the Institute.

Date: _____ Signature of Applicant: _____

Fees Schedule

	Affiliate	Associate	Fellow	CTA
	Rs.	Rs.	Rs.	Rs.
Annual Subscription Fee	5,000	7,000	9,000	11,000

FOR OFFICE USE ONLY

Date received	Updated Documents (if any)	Checked by	Approved by	Approval date	Remarks

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