

**THE INSTITUTE OF TAXATION****Application for Certificate of Member in Practice**

Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Membership No. \_\_\_\_\_ Membership Date \_\_\_\_\_ Type of Membership \_\_\_\_\_

**Membership of other Professional Institutes**

Name of the Institute	Membership Type	Membership No.	Date of Membership

**Academic Qualification**

Year	Examination	Institution

**Experience**

Position	Organization	Industry/Sector	From	To

Overall Experience of Taxation (in practice) \_\_\_\_\_ Years \_\_\_\_\_ Months

Overall Experience of Taxation (in industry) \_\_\_\_\_ Years \_\_\_\_\_ Months

**Declaration**

I, named above, hereby declare that:

1. I am in compliance with the CPD requirements of all the Professional Institutes for which I am holding membership and I will continue to fulfill these requirements in future.
2. I will abide by the Members' Code of Conduct and Professional & Practicing Rules of the Institute of Taxation.
3. All the information provided in this application is true to the best of my knowledge and that the Institute of Taxation has all the rights to revoke my Certificate of Member in Practice, if any of the above information is found incorrect.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**For Office Use**

MIP fee Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Remarks \_\_\_\_\_

Approved by the President (Signature and Seal) \_\_\_\_\_ Date \_\_\_\_\_