

The Institute of Taxation

NOTIFICATION OF CHANGE OF PERSONAL DATA

Student/
membership No. with effect from

Name

PLEASE CHANGE MY PARTICULARS AS BELOW:

Name of Company

Position Held

Office Address

Residential Address

Email Address

Office Tel. No. Whatsapp No.

Tel. No. (mobile) Tel. No. (Residential)

Correspondence Address ☐ Residential ☐ Office (Please tick)

Date

Signature of Applicant

Please return this form to the Institute by post or email. Thank you.