

The Institute of Taxation



APPLICATION FOR MEMBERSHIP

(Please read the attached notes carefully before completing this application)					
FTA ATA	Affiliate (Please tid	ck)			
N BLOCK LETTERS)		* Delete as appropriate			
:/Dr/Mr/Ms/Mrs/Miss *	Gender Male,	/Female *			
O - MM - YYYY CNIC	C / Passport No.				
	Whatsapp No.				
	Tel. No. (residentail)				
esidential Office	(Please tick)				
L AND OTHER QUALIFIC	CATIONS				
Qualification	Date Obtained	Membership No. (Professional Body)			
	FTA	FTA ATA Affiliate (Please tick) IN BLOCK LETTERS) f/Dr/Mr/Ms/Mrs/Miss * Gender Male, D - M M - Y Y Y Y CNIC / Passport No. Whatsapp No. Tel. No. (residentail) Residential Office (Please tick) L AND OTHER QUALIFICATIONS			

(See note 2 and information should be stated in chronological order)

DETAIL OF FULL-TIME WORK EXPERIENCE

Name of Compa	ny Nature of Business	Position Held	I uli Detalis ul	Dat	
I wature of	indicate of business	ure of business Position Held	Taxation Experience	From	То
Payment (please	tick the appropriate box)			
By Cash					
I tender in ca	sh totaling Rs.	as registra	ation and annual subscrip	otion fees.	
_					
By Cheque					
_	with a crossed cheque		in the su	m of Rs.	
payable to "I	nstitute of Taxation" as	registration and	annual subscription fees.		
	the applicant by signi ugh the Institute's Code		ease read carefully) Conduct before making	your declaration.	
I hereby make	n application for men	nbership of "Th	e Institute of Taxation"	. I declare that:	
	t been subject to a disc ofessional body, emplo		(including disciplinary, reducation provider.	egulatory or similai	r proceedings)
I am ad	nitted to membership on with this application.	but later found	the best of my knowledg to have provided untru t to disciplinary action ar	e or misleading	information in
bye-laws			observe and abide by professional standards		
4. In the ev	ent of my resignation fr	om membership,	, I hereby agree to pay a	Il subscription in a	arrear accrued

- to the date of the surrender of my certificate of membership, return my certificate of membership and cease using the Institute's membership.
- I consent to my personal information being collected, used and disclosed for the administration of the 5. Institute. I also authorise the Institute to obtain any information about me from other parties it considers necessary for the purpose of processing my application and servicing my membership.

Date	Signature of Applicant

IMPORTANT

The completed application form (together with a cheque for the appropriate fee if applicable) should be returned to the Institute by post or in person.

Name:	Name:
Membership No.:	Membership No.:
Signature:	Signature:
Date:	Date:

Proposer and seconder must be members of a chartered professional body

SECONDER (IN BLOCK LETTERS)

NOTES FOR COMPLETION OF APPLICATION FOR MEMBERSHIP

1. (a) Affiliate Member

- (1) Has successfully passed CTM examinations of the Institute, PIPFA member or holds university degree in Bachelor of accounting/commerce or an equivalent qualification from an Institute accredited education provider; or
- (2) Would otherwise qualify for admission as an Associate Member of the Institute but does not carry any relevant tax experience in Pakistan; or
- (3) enrolled in the Institute's CTA Skills level course; or
- (4) Is employed by the revenue authority engaged in taxation administration; or
- (5) Has an interest in the affairs of the Institute for whom Council resolves to admit as an Affiliate.

(b) Associate Member (ATA)

PROPOSER (IN BLOCK LETTERS)

- (1) Passed CTA Skills level examinations of the Institute or the equivalent examination of a recognised tax institute; or
- (2) A member of Institute of Chartered of Accountants of Pakistan (ICAP), Institute of Cost and Management Accountants of Pakistan (ICMAP) and similar professional accounting body; or
- (3) An advanced stage student of ICAP, ICMAP and similar professional accounting body (up till the date specified by the Council); or
- (4) Barrister, Lawyer or Advocate; or
- (5) Registered Income Tax Practitioner, provided he carries post registration relevant tax experience of five years; or
- (6) Is or had been employed by the revenue authority engaged in taxation administration at the position of Deputy Commissioner or above; or
- (7) Voting member of another recognized international tax institute.

(c) Fellow Member (FTA)

- (1) Meets the Associate membership criteria (as stated above) and has passed CTA Professional level examinations of the Institute or the Institutes recognised equivalent; or
- (2) Has a Master of Tax or an Institute recognised equivalent Masters qualification; or
- (3) A fellow member of ICAP, ICMAP and similar professional accounting body (up till the date specified by the Council); or
- (4) A Barrister, Lawyer or Advocate (up till the date specified by the Council); or
- (5) Honorary or sponsoring members of the Institute.

(d) Certified Tax Adviser (CTA)

- (1) Meets the core voting membership criteria (as stated Bye-law 19); and
- (2) Meets the Fellow membership criteria (as stated above); and
- (3) Has successfully passed CTA Advanced level examination of the Institute.
- (4) A sponsoring member of the Institute having at least five years relevant tax experience; or
- 2. Attested Copies of CNIC/passport, professional and other certificates must be attached to this application (the originals must be produced if required).
- 3. (a) Fees must be enclosed with this application:

Fees Schedule

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

- (b) A crossed cheque should be made payable to: "Institute of Taxation" and sent to the Institute.
- (c) A full year membership fee (from 1 July to 30 June) shall be payable on admission unless the date of admission is later than 30 December in the year of application, in which case only a half year membership fee shall be payable
- 4. Members are liable for all membership fees to the date of the surrender of his/her Certificate of Membership.
- 5. The Institute reserves the right to use the data so collected for statistical research and analysis, providing members' services and for other internal uses. All information collected shall not be disclosed to third party without the consent of the applicant except for the purposes stated above. Appropriate measures will be taken by the Institute to safeguard data security.
- 6. Requests for access to data, correction of data, information on policies and practices and kinds of data held, and to withdraw or change consent to the use of data can be addressed to the Secretariat by postal mail or email with "personal data update" as the subject.
- 7. In case of any dispute, the Institute reserves the right of final arbitration.