

THE INSTITUTE OF TAXATION OF PAKISTAN**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 of Pakistan.
3. All the information provided in this application is true to the best of my knowledge and that the Institute of Taxation of Pakistan 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 _____