

THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA
FORM OF APPLICATION A LICENCE TO PRACTICE

I hereby apply for a license to Practise as a Chartered Tax Practitioner, and wish to submit the following particulars

Name in Full, and postal address

.....

Admission Number.....

Membership of a recognised Professional Taxation body to which you belong and date

.....

Have you obtained a Practising Licence from the body named in 2 above.

.....If so, attach copy of certificate

Name and address of Practising Tax Firm where Approved Training was obtained with dates:

Name of Principal (s)	Name & Address (es) Of Practising Firm (s)	Dates (Period)
.....
.....
.....

Are you joining an existing Practice?

Or ;

Are you commencing your own practice?

And under what name:.....

Is the practice a partnership?.....

If so, give name/s of other Practice/s.....

.....

Proposed Address of the Prattice.....

.....

.....

Application Fee N.....

Cost of Seal: N..... Cost of Stamp N

