

# **THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA**

(Chartered by Act No. 76 of 1992)



Application Form For  
Admission as an Associate Member of the Institute



# THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

## Head Office

The Chartered Institute of Taxation of Nigeria  
Tax Professionals' House  
Plot 16, Otunba Jobi-Fele Way, Central Business District,  
Alausa-Ikeja, Lagos.  
P. O. Box 1087, Ebute-Metta,  
Lagos State, Nigeria.  
(234) 01 - 774-1273,

## Abuja Liaison Office,

1. Bechar Street, Off Mambolo Street  
Wuse Zone 2  
Abuja, Nigeria.  
Tel: 09-2918349, 0806065643  
E-mail: citn@citn.org  
Website: www.citn.org

To: The Registrar Chief Executive

I hereby apply to be admitted as an Associate member of The Chartered Institute of Taxation of Nigeria.

1. Full Name of Applicant:

(i) Surname: .....  
(in Block Letters)

(ii) Other Names: .....  
(in Block Letters)

2. Names and Addresses of Business or Employment: (P.O Box No only is not sufficient)

.....  
.....

Office Telephone No's ..... Personal E-mail.....

3. Residence Address .....

.....  
.....Telephone No (GSM).....

4. Date of Birth ..... 5. Nationality.....

6. Professional or Academic qualifications .....

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7. Honours and Decorations .....

8. Present position held .....

9. Career History

(Attached additional notes if necessary).

Full details of Position held	Name and address of employer and nature of business	Date	
		From	To

10. Declaration by Applicant

I hereby declare that the information given above is to the best of my knowledge and belief correct. I undertake to be bound by the Chartered Institute of Taxation of Nigeria's Act No 76 of 1992 and by the Rule and Regulations in force at the time of my admission or which may thereafter from time to time be made by Council of the Institute.

Date .....

Signature.....

11a. Names and Particulars of Referees: **(Please note it is punishable to certify a forged certificate.)**

(1) ..... (2).....

.....

.....

Status (Associate/Fellow).....

Status (Associate/Fellow) .....

Institute Admission No.....

Institute Admission No .....

Mobile (gsm) No.....

Mobile (gsm) No .....

Email Address .....

Email Address .....

11b. Declarations by the Referees

We the undersigned, hereby recommend the above-named applicant for associate membership of the Chartered Institute of Taxation of Nigeria and certify that to the best of our knowledge the experience and character of the applicant are such that we consider him fit for membership of the Institute.

(1) .....

Signature

(2).....

Signature

Date .....

Date .....

## **Notes**

- 1) The referees in Paragraph 12 (above) **MUST** be financial members of the institute.
- 2) This form which must be submitted at the Institute's Head Office or its Abuja Liaison Office **MUST** be accompanied with the following:
  - a. Photocopies of certificates regarding academic and professional qualifications duly certified by one of the above-listed Referees. (Membership Committee of Council may call for the original copies for sighting).
  - b. A letter of Attestation from your employer stating the detailed tax working experience with the company/firm
  - c. In respect of an applicant in public service (including Revenue Officers), a copy of the gazette confirming the present position/promotion letter.
  - d. Two certified recent passport sized photographs certified at the back space by a Referee.
  - e. An Application Form fee ₦10,000 (Non-refundable).
- 3). **Any form that is not well completed shall be queried and processing may be delayed.**

## **Payment Options:**

1. *Direct Payment to the Bank details below:*  
*Account Name: The Chartered Institute of Taxation of Nigeria*  
*UBA Plc A/C: 100580652, UBA Sort Code: 033153542*