

THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

(CHARTERED BY ACT 76 OF 1992)

N.B. This form **MUST** be completed and returned by participant giving accurate and up-to-date information for record purpose
(Please fill in BLOCK LETTERS)

MEMBERSHIP NO.

TITLE GENDER.....

SURNAME.....

OTHER NAMES.....

CURRENT OFFICE NAME

.....

CURRENT OFFICE ADDRESS

.....

RESIDENTIAL ADDRESS

.....

POSTAL ADDRESS

GSM NO.....

E. -MAIL ADDRESS.....

CURRENT POSITION

.....

SIGNATURE & DATE