

THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

FORM OF APPLICATION FOR A LICENCE TO PRACTICE

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

1. Name in Full, and postal address.

Admission Number:.....

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

3. Have you obtained a Practising Licence from that body, named in 2 above.
If so, attach copy of certificate.

4. 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)
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5. (A) Are you joining an existing Practice?.....
 Or;
 Are you commencing your own practice?.....
 And under what name:.....

(B) Is the practice a partnership?.....
 If so, give name/s of other Partner/s.....

(C) Proposed Address of the Practice:.....

Application Fee N.....
 Cost of Seal: N..... Cost of Stamp N:.....

