

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

(Chartered by Act No. 76 of 1992)



## **Form of Application**

*for*

**Admission as an Associate Member of the Institute**



# THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

## FORM OF APPLICATION FOR ADMISSION TO MEMBERSHIP

Registrar/Chief Executive  
The Chartered Institute of Taxation of Nigeria  
3rd & 4th Floors, 11, Ikorodu Road,  
Opp. Kresta Laurel Ltd., Maryland.  
P. O. Box 1087  
Ebute-Metta  
Lagos State, Nigeria.  
(:(234) 01 - 774-1273, 493-5054, 7917024  
Facsimile: 493- 5059  
E-mail: citn@citn.org  
Website: www.citn.org

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 address of Business or employment: (P.O Box No only is not sufficient)**

.....  
.....  
Telephone No .....

3. **Resident Address** .....

.....  
Telephone No .....

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

6. **Professional or Academic qualifications**

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.....

7. **Honours and Decorations**

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8. **(i) Is the applicant in public practice?**

**(a) If so state whether as a partner or in sole practice**

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**(b) Give name and address of firm**

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**(ii). if in employment, state name and address of present employer:**

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**(iii) Present position held**

(Where there is mmore than one place of business, please indicate the principal place of business. Employees of either Federal of State Revenue Departments only need to state their current Stations)

**9 Student Graduate Information**

*(To be completed by applicants who have completed the Institute's examinations).*

Student's registration number .....

Dates of passing or exemption from the Institute's examination

(i) Foundation .....

(ii) PE I .....

(iii) PE II .....

(iv) PE III .....

**10 Summary of Career:**

*(Attach additional notes if necessary).*

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

**11. Declaration**

- I declare that the information given above is to the best of my knowledge and belief correct. I undertake to be bound by the Institute’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 the Council of the Institute

Date .....

Signature .....

**12 Name and address of Referee**

(1) .....

(2) .....

.....

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.....

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Status .....

Status .....

Associate Adm No .....

Associate Adm No .....

We the undersigned recommend the above applicant for membership of the institute 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) .....

(2) .....

(Signature)

(Signature)

Date .....

Date .....

**NOTES**

- (1) The referees in Paragraph 12 must be financial members of the institute.
- (2)a This form must be accompanied with certified photocopies of academic and professional qualifications. (Membership Committee may call for the original copies for sighting).
- b All photocopies of your credentials must be duly certified by one of your two referees.
- c A letter of Sttestation from your employer stating the detailed tax working experience with the company/firm
- d Two self - addressed stamped envelopes
- e Two certified recent passport sized photographs.
- (3) Certified photocopy of evidence of completion of the Institute examinations (*Where applicble*)