

**THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA
FORM OF APPLICATION FOR A LICENCE TO PRACTISE**

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

1. Name in Full, and postal address

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.....

Admission Number

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

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3. Have you obtained a Practising Licence from the 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)

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

