

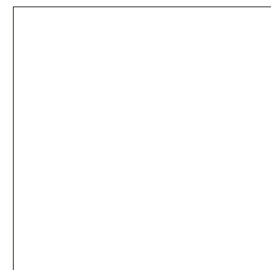
THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

(Established by Act No. 76 of 1992)

APPLICATION FOR REGISTRATION AS A STUDENT PART 1

(To be completed in full by the Applicant)

To: 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



1. SURNAME _____
(Names should be written in full Block Letters)

2. OTHER NAMES _____

3. SEX _____

4. DATE OF BIRTH _____

5.(a) POSTAL ADDRESS _____

5 (b) HOME ADDRESS _____

5 (c) TELEPHONE NO _____

5 (d) E-MAIL ADDRESS _____

6. EDUCATIONAL QUALIFICATIONS WITH DATES _____

(Attached photocopies certified by your Referees)

7.(a) FOR APPLICANTS IN FULL TIME EMPLOYMENT

(I) EMPLOYER'S NAME AND ADDRESS _____

(II) NATURE OF EMPLOYER'S BUSINESS _____

(III) POST OCCUPIED BY APPLICANT _____

8. DECLARATION BY APPLICANT

I _____ hereby declare that the information given on this form is correct and i agree to abide by the rules and regulations of the institute if my application is successful

9. I enclose the following necessary documents

- (i) Certified photocopy of Birth Certificate or Sworn Declaration of Age
- (ii) Certified photocopies of Educational Qualifications
- (iii) Certified photocopies of NYSC Certificate/NYSC call up letter or Confirmation letter of service from place of primary assignment
- (iv) A non-refundable fee of N _____ in bank draft payable to “The Chartered Institute of Taxation of Nigeria”
- (v) Two 9” x 4” self addressed stamped envelope
- (vi) Two certifies photocopies of Marriage certificate, where necessary

Signature

Date

PART 11

(To be completed by Applicant's Referee)

10. REFEREE'S ENDORSEMENT

I, the undersigned, certified that the information contained in this application form are to the best of my knowledge correct.

I, further state that the applicant, MR/MRS/MISS _____ is of good character and in my opinion, a fit and proper person to be admitted as a Student of the Chartered Institute of Taxation of Nigeria.

SURNAME _____

OTHER NAMES _____

OFFICE ADDRESS _____

TELEPHONE NO _____

E-MAIL ADDRESS _____

MEMBERSHIP NO _____ STATUS _____

SIGNATURE _____

DATE _____

(Please affix Official Rubber Stamp)

PART III
CHECK LIST

FOR OFFICIAL USE ONLY		VERIFIED BY	DATE
1. Certified Passport Photograph			
2. Certified Photocopies of Educational Certificate (s)			
3. Certified Photocopies of Birth certificate/Age Declaration			
4 Evidence of Payment Receipt Attached: Number _____ Amount N _____ Date _____		YES/NO	
5 Official Remarks and Signature	(i) Application accepted		
	(ii) Application written to correct deficiencies		
	(iii) Application rejected		
	(iv) Application recommended for approval		
	(v) Application approved by council on.....		
	(vi) Certificate despatched on.....		

Notes to Students

- 1 The Institute does not permit change of name(s) except those consequent upon change in marital status in the case of women
- 2 Applicant must therefore ensure that they record their names in the same order and spelling in all their correspondence with the institute
- 3 The minimum entry qualification for registration is a B.Sc or HND in any discipline from a recognised Institution
- 4 For those submitting the completed form by hand, please call at our **Secretariat Office**
3rd & 4th Floors, 11, Ikorodu Road,
Opp. Kresta Laurel Ltd., Maryland.
P. O. Box 1087
Ebute-Metta
Lagos