

CHARTERED INSTITUTE OF TAXATION OF NIGERIA.

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

FORM OF APPLICATION FOR TRANSFER FROM ASSOCIATE MEMBERSHIP TO FELLOWSHIP OF THE INSTITUTE

I hereby apply to be elected to a fellow of Chartered Institute of Taxation of Nigeria

PART I

1. Surname: _____
2. Other Names _____
3. Contact Address _____
4. Membership Number _____
- 5.(a) Date of Admission as an Association of the Institute _____

I enclose herewith N _____ being my transfer to fellowship fee, and

N _____ being the balance of my annual subscription for the year _____

PART II (To be completed by member not in public practice (Administrators))

6. Employer's name and address _____

7. Date of admission as a member of the institute _____

Positons held since qualified and dates

_____	_____
_____	_____
_____	_____

PART III (To be completed by members not in public practice (Practitioners))

9. Name and address of Business _____

10. Date of Commencement of full time practice _____

11. **DECLARATION:** I declare that the information given above are to the best of my knowledge and belief, accurate

FOR OFFICE ONLY

Particulars Verified _____
Recommended by Committee _____
Approved by Council _____

Signature _____

Date _____

Application Fee N _____

N.B: Please enclose two self addressed, stamped envelopes