



# THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA

## CONFIRMATION OF MEMBERSHIP OF DISTRICT SOCIETY

Dear esteemed member,  
Kindly fill in CAPITAL LETTERS and take it to your District for confirmation.

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Membership No \_\_\_\_\_ Phone Nos \_\_\_\_\_

E-mail Address \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS (not postal address) \_\_\_\_\_

### APPLICANT'S DECLARATION:

I declare that the information given above is to the best of my knowledge and belief correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DECLARATION OF THE DISTRICT SOCIETY'S CHAIRMAN:

I declare that \_\_\_\_\_ is a member of \_\_\_\_\_

\_\_\_\_\_ and that he/she has a place office at \_\_\_\_\_

District Chairman \_\_\_\_\_ M/No. \_\_\_\_\_

\_\_\_\_\_  
District Stamp

Signature \_\_\_\_\_ Date \_\_\_\_\_