

THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA
FORM OF APPLICATION A LICENCE TO PRACTICE

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

Name in Full, and postal address

.....

Phone No:

Email Address:

Admission Number.....

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

.....

Have you obtained a Practising Licence from the body named above

.....If so, attach copy of certificate

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)
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Are you joining an existing Practice?

Or ;

Are you commencing your own practice?

And under what name:.....

Is the practice a partnership?.....

If so, give name/s of other Practice/s.....

.....

Proposed Address of the Practice.....

.....

.....

Application Fee N.....

Cost of Seal: N..... Cost of Stamp N

If in salaries employment, state

(A) Name and address of employer
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(B) Do you propose to commence part-time practice?

If so, when?.....

(C) Do you authorize the Institute to advise your employer on issue of a Licence to Practise

YES / NO

If No State reason:
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DECLARATION:

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

Date:.....

Signature:.....

I certify that is a member of

District Society and that he/she has a place for office at

.....
Name of District

.....
Chairman of District
Name / Signature/ Date & Stamp