

CHARTERED INSTITUTE OF TAXATION (GHANA)

P.O.BOX OS.1558, OSU ACCRA, P.O.BOX LG 1253, LEGON-ACCRA GHANA

TEL (0303934846)

FORM OF APPLICATION FOR MEMBERSHIP

1. Name (In Full)

(IN BLOCK LETTERS)

2. Address:

(a) Business:.....

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Telephone:.....

(b) Residence

Telephone:

Email Address:.....

3. Date of Birth:..... (4) Male/Female.....

5. Nationality:.....

6. Qualification: (s) (if any) and date (s) obtained (in words)

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7. Details of Applicant's Practice:

(i) State place of Practice, date and full business addresses

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(ii) Are you present in full-time practice? If so, under what name and where?

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OR (iii) If employed, name and address of Employer and position held.

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8. Are you a sole Practitioner or in Partnership:-.....
If in Partnership, state name (s) and qualification (s) or Partner (s)

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9. Names and Addresses of two Referees one of whom should be a paid-up member of the Institute and each should attached a recommendation letter.

(1) Name:Membership/No.....

Profession.....

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Postal Address.....

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E-mail Address:.....

Tel:

Signature..... Date:.....

(2) Name:.....Membership/No.....

Profession.....

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Postal Address.....

.....

E-mail Address:.....

Tel:

Signature..... Date:.....

NB: Complete Admission Forms should be forwarded to
The Secretary
Chartered Institute of Taxation (Ghana)
P. O. Box OS. 1558
Osu-Accra

Together with the following:-

1. Photostat copies of your certificates (s)
2. Original (s) of your certificate (s) for verification. This/these will be returned to you under registered over.
3. Your two recent passport photographs of not more than six-month old with your name written at the back.

I hereby agree, on admission as a member, to be bound by the terms of the byelaws in Force.

.....
Date

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Signature of Applicant

FOR OFFICE USE ONLY