CHARTERED INSTITUTE OF TAXATION, GHANA

P.O.BOX OS.1558, OSU ACCRA, P.O.B0X LG 1253, LEGON-ACCRA GHANA
TEL. (0303-93 48 46), Email: taxinstitute@taxghana.org

FORM OF APPLICATION FOR MEMBERSHIP

1. Name (In Full) ……..……...……...
(IN BLOCK LETTERS)

2. Address:
(a) Business:……..……...
……..……..…...……..
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)
……..……...……...
……...……...
……...……...
……...…….…….....

7. Details of Applicant's Practice:
(i) State place of Practice, date and full business addresses
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……...……...
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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. Ghana Card No.:…….

10. Names and Addresses of two Referees all of whom should be paid-up members of the Institute and each should attach a signed recommendation letter.

(1) Name:…….……Membership/No.……...

Place of Work……...

Position……

Postal Address……...

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E-mail Address:…….

Tel: ……..

Ghana Card No. ……

Signature…… Date:……

(2) Name:……Membership/No.……...

Place of Work……...

Position……

Postal Address……...

……

E-mail Address:……..

Tel: ……..

Ghana Card No. ……

Signature…… Date:……

NB: ***Complete Admission Forms should be forwarded to***

The Registrar
Chartered Institute of Taxation, Ghana
Rev. J. J. Mantey Block, UPSA Campus, Accra
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.

4. Evidence of Payment ***(Pay-In-Slip)*** to the following bank details in the name of ***Chartered Institute of Taxation, Ghana***;

a. Ecobank Ghana Head Office Branch, Account No. 1441001393034 and or

b. Standard Chartered Bank, Liberia Road Branch, Account No. 0100113743400

c. CITG Online Payment Platform: http://merchant.paywithonline.com/?mc=citg

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

…….. ……..
Date **Signature of Applicant**