

THE CHARTERED INSTITUTE OF TAXATION OF NIGERIA



(Chartered by Act No. 76 of 1992)

APPLICATION FOR REGISTRATION AS A STUDENT OF TAXATION TECHNICIAN SCHEME

Form No: **00001**

For Office Use Only

Student's Reg. No.....

*Affix two (2)
certified Passports
here*

To: **Registrar/Chief Executive**
The Chartered Institute of Taxation of Nigeria
11, Ikorodu Road, Opposite CPI-Moore, Maryland
P.O.Box 1087, Ebute-Metta
Lagos

PART 1

(To be completed in full by the Applicant)

1. SURNAME.....
2. OTHER NAMES
3. SEX
4. DATE OF BIRTH
5. (a) POSTAL ADDRESS

(Use the address where posted mails can easily reach you)

- (b) HOME ADDRESS
- (c) TELEPHONE NO.
- (d) E-MAIL ADDRESS
6. EDUCATIONAL QUALIFICATION(S) WITH DATES

(Attach photocopies certified by your Referees)

7. (a) FOR APPLICANTS IN FULL TIME EMPLOYMENT

- i) EMPLOYER'S NAME AND ADDRESS
- ii) NATURE OF EMPLOYER'S BUSINESS
- iii) DATE/YEAR OF EMPLOYMENT*(Attach letter of Attestation)*
- iv) CURRENT POSITION

(b) FOR APPLICANTS WHO ARE STUDENTS OF TERTIARY INSTITUTIONS

- i) NAME OF INSTITUTION.....
- ii) FACULTY/DEPARTMENT
- iii) LEVEL/PART

(c) FOR APPLICANTS WHO ARE SCHOOL CERTIFICATE HOLDERS

- i) INSTITUTION ATTENDED
- ii) YEAR OF COMPLETION

8. DECLARATION BY APPLICANT

I, hereby declare that the information given on this form is correct and I agree to abide by the rules and regulations of the Institute if my application is successful.

I enclosed the following necessary documents:

- i) Certified photocopy of Birth Certificate or Sworn Declaration of Age;
- ii) Certified photocopies of Educational qualification(s);
- iii) An attestation letter from a superior officer (For applicants who are in employment) and letter of recommendation (for applicants who are students of tertiary Institutions)
- iv) Two (2) certified recent passport photograph;
- v) Receipt/evidence of payment of a non-refundable fee of N 1,000 processing fee and N500 building fund;
- vi) Two (2) 9” x 4” self-addressed stamped envelopes; and
- vii) Two certified photocopies of marriage certificate, where necessary.

.....
Signature

.....
Date

Note:

- (a) For applicants in employment, the Referee must be a FINANCIAL member of the Institute, preferably working in the same organization with the applicant;
- (b) In the case of applicant undergoing full-time education in recognized Institution, the Referee must be applicant’s Head of Department/Lecturer.
- (c) Passports photographs must be certified thus: “I certify that this is the true likeness of” and signed. Referees may be required to confirm their signatures on all documents submitted for processing.
- (d) The Institute does not permit change of name(s) except those consequent upon change in marital status in the case of women;
- (e) Applicants must therefore ensure that they record their names in the same order and spelling in all their correspondence with the institute;
- (f) The minimum entry qualification for registration is any of the following:
 - Senior Secondary Certificate Examination (SSCE)/General Certificate Examinations (GCE) with 3 credits and at least a pass either in English and Mathematics;
 - Ordinary National Diploma/Certificate from any recognized Institution;
 - National Certificate of Education (N.C.E);
 - Teachers Grade II; or
 - Mature Students (not less than 25 years and proficient in reading and writing English language). Such applicant must however support his/her application with evidence of a minimum of five (5) years employment in the Federal Inland Revenue Service or State Board of Inland Revenue.

PART II

(To be completed by applicant's Referee)

10. I, the undersigned, certify that the information contained in this application form are to the best of my knowledge correct. I further state that the applicant, Mr./Mrs./Miss is of good character and in my opinion, a fit and proper person to be admitted as a student of the Chartered Institute of Taxation of Nigeria under the Taxation Technician Scheme.

SURNAME

OTHER NAMES

OFFICE NAME AND ADDRESS

.....

TELEPHONE NO.

E-MAIL ADDRESS

MEMBERSHIP NO..... STATUS

(Associate or Fellow)

Signature..... Date

.....
(Please affix official rubber stamp here)

PART III

CHECK LIST

FOR OFFICIAL USE ONLY		
	VERIFIED BY	DATE
1. Certified Passport Photograph		
2. Certified Photocopies of Educational Certificate(s)		
3. Certified Photocopy of Birth Certificate/Age Declaration		
4. Evidence of Payment Receipt Attached: Number Amount		
Date		
5. Official Remarks and Signature	(i) Application accepted	
	(ii) Application written to correct deficiencies	
	(iii) Application Rejected	
	(iv) Application recommended for approval	
	(v) Application approved by Council on.....	
	(vi) Certificate dispatched on.....	