

# APPLICATION FORM FOR MEMBERSHIP



Please complete this form in block letters or type

## 1 Personal details

Registration No	<input type="text"/>	Mr/Mrs/Miss/Ms – delete as applicable	<input type="text"/>
Surname	<input type="text"/>	Forenames	<input type="text"/>
Date of birth	<input type="text"/>	Correspondence to:	home <input type="text"/> office <input type="text"/>
Home address	<input type="text"/>	Name of firm	<input type="text"/>
	<input type="text"/>	Office address	<input type="text"/>
Post code	<input type="text"/>	Post code	<input type="text"/>
Tel number	<input type="text"/>	Tel number	<input type="text"/>
Fax number	<input type="text"/>	Fax number	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address	<input type="text"/>
Internet site	<input type="text"/>	Internet site	<input type="text"/>

Have you ever been convicted of, or are you charged with (but not yet convicted of), any offence in any court in the UK or elsewhere (other than a motoring offence which did not result in disqualification)? Yes  No

Under the Rehabilitation of Offenders Act 1974 a person is not obliged to disclose spent convictions other than those which carried a sentence of imprisonment exceeding thirty months.

Have you ever been the subject of disciplinary action by a professional body, tribunal or regulatory authority? Yes  No

Have you ever been adjudged bankrupt or entered into a voluntary arrangement with creditors? Yes  No

Have you ever been disqualified as a director? Yes  No

Are there any other factors relating to your application to become a member of the ATT which should be taken into consideration? Yes  No

If you have answered "Yes" to any of the above questions, please give full details, including the circumstances that led to the event, on a separate sheet

## 2 Designatory letters

<input type="text"/>
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I apply for admission as a Member of The Association of Taxation Technicians and agree, if admitted, to comply with and be bound by its Memorandum and Articles of Association and any regulations there under.

I certify that the particulars given are true to the best of my knowledge and belief. I enclose my entrance fee and first annual subscription/my direct debit mandate (please delete as appropriate). A leaflet explaining the fee structure and methods of payment is enclosed.

Signature

<input type="text"/>
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Date

<input type="text"/>
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### 3 Business details (Note: if both sections (A) and (B) apply both must be completed)

(A) If you are an employee

Name of employer

Address of firm (if different from that given in Section 1)

Postcode

Telephone number

Fax number

E-mail address

Profession or business of employer

Position held

Date on which this employment commenced

(B) If you are in full or part-time practice in partnership or on your own account

Name of firm

Address of firm (if different from that given in Section 1)

Postcode

Telephone number

Fax number

E-mail address

Date on which you commenced practice

### 4 Examination details

May/Nov

Year

Date of attaining the examination requirement for membership (the date of passing the final paper e.g May 2007)

## 5 Experience details

Please provide details of two years practical experience in UK taxation. This may be gained by either part-time or full-time working in tax or in any other occupation which entails an element of UK taxation

## 6 Sponsors

Your application should be supported by two persons who meet the requirements for sponsors detailed in the Association's prospectus.

Your sponsors must be either:

- a member of the Association of Taxation Technicians or the Chartered Institute of Taxation, or
- a member of a recognised professional accountancy or legal body, or
- a HMRC Inspector of Taxes or Surveyor at Grades HO, SO grade 7 or grade 6, or
- a member of the Society of Trust and Estate Practitioners or
- the applicant's current or previous employer, or business partners in a relevant occupation.

I certify that the applicant is personally known to me, that I believe the particulars on this form are true, and I recommend the applicant to the Council of the Association as fit and proper for admission to membership.

Full name (block capitals)

Firm's name (if applicable)

Business address

Telephone number

Qualifications

Membership number

Signature

Date

Full name (block capitals)

Firm's name (if applicable)

Business address

Telephone number

Qualifications

Membership number

Signature

Date

## 7 Branch activities

The Chartered Institute of Taxation has branches to whose meetings Association members are very welcome. Please indicate from which of those following (maximum of two) you would like to receive programmes and other literature.



Birmingham and West Midlands, Bristol, Cumbria and South-West Scotland, East Anglia, East Midlands, Essex, Hampshire, Harrow & North London, Hull, Kent, Leeds, London, Manchester, Merseyside, Mid-Anglia, Newcastle-upon-Tyne, Northern Ireland, Scotland, Severn Valley, Sheffield, Somerset and Dorset, South London & Surrey, South Wales, South-West England, Suffolk, Sussex, Thames Valley.

There are also seven Branches which operate outside the UK – Australasia, Europe, Guernsey, Hong Kong, Isle of Man, Jersey and Singapore. Membership of these is in addition to the two UK branches. If interested in any of these please tick the appropriate box. Further details of these and of all other branches can be obtained from the Membership Department.

Australasia	<input type="checkbox"/>	Europe	<input type="checkbox"/>	Guernsey	<input type="checkbox"/>	Hong Kong	<input type="checkbox"/>	Isle of Man	<input type="checkbox"/>
Jersey	<input type="checkbox"/>	Singapore	<input type="checkbox"/>						

## 8 Anti money laundering

Under the Money Laundering Regulations 2007 all ATT members in practice must be supervised for compliance with the regulations by a supervisory authority. A 'member in practice' is

*'a member who provides taxation services on a full-time or part-time basis as a sole practitioner, a member of a partnership, a member of a limited liability partnership, a proprietor of an unincorporated body, or a director of, or an employee of, a company providing taxation services in which he or she has a financial interest which represents 5% or more of the equity capital.'*

Members in practice will include employed members who offer tax services on a self employed basis outside their employment and retired members who still provide tax services on a self employed basis albeit on a reduced level to their pre retirement days. Pro bono work may come within the scope of the regulations – please contact the ATT for further guidance.

To comply with its statutory obligations as a supervisory authority the ATT needs to identify all its members in practice and the professional body which is acting as the member's supervisory authority. Because of the importance of this issue failure to supply this information may be treated as a disciplinary matter.

Please complete the following:

1) I am a member in practice and my firm is supervised by

or

2) I am a member in practice and my firm is not currently supervised, but will be applying for registration with

or

3) I am not a member in practice (tick box).

## 9 Practice/business type please tick

Tax Consultancy	<input type="checkbox"/>	Company (Industrial)	<input type="checkbox"/>	Inland Revenue	<input type="checkbox"/>
Accountancy Firm	<input type="checkbox"/>	Company (Commercial)	<input type="checkbox"/>	Customs & excise	<input type="checkbox"/>
Legal Firm	<input type="checkbox"/>	Sole Practice	<input type="checkbox"/>	Tax Teaching/Training	<input type="checkbox"/>
Barristers' Chambers	<input type="checkbox"/>	Bank/Asset Manager	<input type="checkbox"/>	Non-tax Teaching/Training	<input type="checkbox"/>
Judiciary	<input type="checkbox"/>	Financial Advisory	<input type="checkbox"/>	Retired	<input type="checkbox"/>

### 10 Job title

### 11 Professional status please tick one box only that most closely matches your job function

Industry/Commerce	Practice	Government Departments	Other
Director <input type="checkbox"/>	Tax Partner <input type="checkbox"/>	Customs & Excise <input type="checkbox"/>	Academic <input type="checkbox"/>
Head of Tax <input type="checkbox"/>	Partner <input type="checkbox"/>	Inland Revenue <input type="checkbox"/>	Barrister/QC <input type="checkbox"/>
Partner <input type="checkbox"/>	Director <input type="checkbox"/>		Retired <input type="checkbox"/>
Manager <input type="checkbox"/>	Manager <input type="checkbox"/>		Other <input type="checkbox"/>
Solicitor <input type="checkbox"/>	Solicitor <input type="checkbox"/>		
Other <input type="checkbox"/>	Consultant <input type="checkbox"/>		
	Principal (Sole Practitioner) <input type="checkbox"/>		
	Other <input type="checkbox"/>		

### 12 Size of organisation please tick

Size of organisation	1 – 50 <input type="checkbox"/>	51 – 500 <input type="checkbox"/>	501 – 5,000 <input type="checkbox"/>	over 5,000 <input type="checkbox"/>
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### 13 Tax specialisation(s), if any please tick

Practice of employment in practising office

General tax <input type="checkbox"/>	Capital tax <input type="checkbox"/>	Oil taxation <input type="checkbox"/>	Inheritance tax <input type="checkbox"/>
Corporate <input type="checkbox"/>	International tax <input type="checkbox"/>	National Insurance <input type="checkbox"/>	Trust & estates <input type="checkbox"/>
Personal tax <input type="checkbox"/>	Value added tax <input type="checkbox"/>	Excise duties <input type="checkbox"/>	
Other (specify) <input type="text"/>			

### 14 Willingness to help the Association in any of the following areas please tick

Membership Committee <input type="checkbox"/>	Examinations Committee <input type="checkbox"/>	Educational & Training Committee <input type="checkbox"/>	Technical Committee <input type="checkbox"/>
Writing <input type="checkbox"/>	Lecturing <input type="checkbox"/>	Careers <input type="checkbox"/>	
Other (specify) <input type="text"/>			

You should note that extracts of the information supplied on this form may be entered in any list of members published.

The Association may disclose your membership status to other professional/education establishments, recruitment agencies and employers both current and prospective in the UK and overseas. The Association may also disclose your name and address to other organisations which may be of interest to you in the UK and overseas. Please tick the box(es) if you do not wish your details to be disclosed in this way.

UK <input type="checkbox"/>	Overseas <input type="checkbox"/>
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#### Note

This form should be sent to the Association of Taxation Technicians at 1st Floor Artillery House, 11-19 Artillery Row, London SW1P 1RT.