

## **Association of Taxation Technicians**

## **APPLICATION FORM FOR FELLOWSHIP**

Please complete this form in block letters or type

Personal information

	Mem	bership number:	1									
Full Name			Title	)								
Mailing Address												
Mailing Address												
			<u> </u>		1							
E-mail			Post	code								
Telephone	N	Mobile			1							
•												
Business details												
Note: if both sections (A) and (B) apply, both must be completed  (A) If you are an employee												
Name of employer	; 						-					
Traine of employer												
Address of firm												
		Postcode										
Telephone number		Fax number										
e-mail address		website										
e-mail address		website										
(B) If you are in full or par	t-time practice in partnership on yo	our own account										
Name of employer				,								
Address of firm												
Address of firm												
			-									
		Postcode										
Telephone number		Fax number										
Telephone number		l ax number										
e-mail address		Website										
Have you ever been convict	ted of are you charged with (but not )	(et convicted of)	any of	fence in	anv	YES	/NO					
Have you ever been convicted of, 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)?												
Under the Rehabilitation of Offenders Act 1974 a person is not obliged to disclose spent convictions other than those												
which carried a sentance of imprisonment exceeding thirty months.												
Have you ever been the subject of disciplinary action by a professional body, tribunal or regulatory												
authority?  Have you ever been adjudged bankrupt or entered into a voluntary arrangement with creditors?												
Have you ever been disqualified as a director?												
Are there any other factors	relating to your application to become	a Fellow of the A	ATT, w	hich shou	uld be	YES/						
taken into consideration?												

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.

Practice/business type please tick  Tax Consultancy  Accountancy   □ Company (Industrial)   □ HMRC   □ Lagal firm  □ Sole Practice □ Sole Practice □ Non-tax Teaching/Training   □ Lagal firm □ Sole Practice □ Retired   □ Non-tax Teaching/Training   □ Lagal firm □ Sole Practice □ Retired   □ Non-tax Teaching/Training   □ Lagal firm □ Sole Practice   □ Non-tax Teaching/Training   □ Lagal firm □ Judiciary   □ Financial Advisory   □ Professional status please tick one box only that most closely matches your job function Industry/Commerce   Practice   □ Fractice   □ Company (Commerce   Practice   □ Tax Partner   □ Company (Commerce   □ Tax Partner   □ Company (Commerce   Practice   □ Tax Partner   □ Company (Commerce   □ Company (Commerce   Practice   □ Company (Commerce   □ Company (Co	About yourself Job title																			
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Company (Commercial)		уре	plea	ase t	ick										ı					
Legal firm																/T				
Barrister's Chambers											nme	erciai)								
Judiciary Professional status please tick one box only that most closely matches your job function Industry/Commerce Practice Director Dir												nac	ner				CHIII	y/ Halling		
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Head of Tax																	01	ther		
Partner	Director			Tax Partner			r													
Manager	Head of Tax			Pai	rtne	r		□ Othe									Ва	arrister/QC		
Solicitor								_												
Cote															Ot	ther				
Size of organisation please tick																				
1-50						ltant			H	M T	reas	ury								
Tax specialism(s), if any please tick  General tax																				
General tax								Ш	50	1-5	,000	)				<b>□</b>   >5,	000			
Corporate									_											
Personal tax																				
Willingness to help the Association in any of the following areas  Committees  Member & Student Services  Member & Student Services  Member & Student Services  Member & Student Services  Marketing Group  Other areas  Branches  Moriting  Meriting					ition	nal ta	ìΧ							e		Irusts	& es	states		Ш
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Other areas    Writing		`o m /			Тг			inatio				- 1	Toohn	inal		Drofood	nion.	al Ctandard		
Branches					_				-				recnn	icai		Profess	siona	ai Standard	5	
Branches		oup					viarke	eting	Gro	up	L									
Please attach your CPD record for the previous two calendar years Please may we remind you that the CPD requirement is a minimum of 45 hours of CPD of which a minimum of 15 hours should be structured.  Please provide a short summary of your career to date (no more than 150 words)  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 agences and employers, both current and prospective in the UK and overseas. The Association may also disclose your name and addres 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 Overseas Deployer admission as a Fellow 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.													_							
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