

The Association of Taxation Technicians

APPLICATION FORM FOR FELLOWSHIP

Please complete this form in block letters or type

Personal information				
	N	embership number:	1	
Full Name			Title	
Mailing Address				
E-mail			Postcode	
Telephone		Mobile		
Business details Note: if both sections (A)	and (B) apply, both must be con	npleted	1	
(A) If you are an employee				
Name of employer				
Address of firm				
		Postcode		
Telephone number		Fax number		
e-mail address		website		
(B) If you are in full or part	t-time practice in partnership or	your own accoun	t	
Name of employer		•		
Address of firm				
		Postcode		
Telephone number		Fax number		
e-mail address		Website		
Have you ever been convict	ed of, are you charged with (but n	ot vet convicted of)	any offence in any	YES/NO

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 ATT, which should be						
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.

About yourself													
Job title													
Designatory letters													
Practice/business	type	nle	ase tick										
Tax Consultancy	<u> </u>	<u>, bio</u>			Co	mnanv	(Indust	rial)		HMR	C		
Accountancy firm							(Comm					g/Training	
Legal firm						e Prac		orolary				ching/Training	
Barrister's Chamber	rs						et Mana	aer		Retired			
Judiciary							Advisor			Ttotin	<u>.</u>		
Professional statu	s ple	ase	tick one box	only					our iol	o funct	ion		
Industry/Commerce			Practice				<u>j</u>					Other	
Director			Tax Partne	Principal (Sole Practitioner)						Academic			
Head of Tax			Partner			Othe						Barrister/QC	
Partner			Director			Curio	•				. –	Retired	
Manager			Manager									Other	
Solicitor			Solicitor			HMR		- Dopan		_			
Other			Consultant				reasury	/				•	
Size of organisatio	n nl				-	1 1101 1	reasury						
1-50	m pr		51-500			501-	5 000			Г] >5,0	000	
Tax specialism(s),	if ar				-	0013	5,000			-	0,		
General tax			apital tax				il taxatio	<u>n</u>			Inhorita	ince tax	
Corporate		_	ternational ta	v				Insuranc	<u>``</u>			& estates	
Personal tax			AT				xcise du				110313		
Willingness to hel				anv	of the								
Committees	p the	; дэ		any			ang an	543					
Member & Student	Son	icoc		Exam	inatio	20		Techn	ical		Drofoco	ional Standards	
Finance Advisory G						Group		Techn	icai		FIDIESS	Sional Stanuarus	
	Toup			VIAIKE	ung	Gloup							
Other areas Branches				A/ritio	~			Loctur			Caraar		
Continuing Profes				Nritin	g	Lecturing D Ca			Career	5			
Continuing Froies	51011		evelopment										
Please attach your		D ro	cord for the	nrov	ioue	two ca	londar	voare					
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.										5			
Please provide a s	hort	sur	nmary of vo	ur ca	reer	to date	e (no m	ore thar	150 v	vords)			
		- un								,	,		
You should note that		tract	e of the infor	matio		nlied c	n this fo	vrm mav	ho on	torod i	n anv lie	t of members put	lichod
The Association ma													
agences and emplo													
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.													
		iii ye			50103	cumu	no way.			UK		Overseas	
										01			
Longhy for admissio	n			10000	intin		votion T	achaicia		doaro	ifoda	itted to comply y	ith and
I apply for 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.													
ו יספימיץ מומג מום אמומטעומיס פועכוז מים מעם נט מום שפט טו חוץ מוטשופעפים מוט שפוופו. ו פווטוטטפ חוץ פוונומוטט ופפ.													
Signature Date													
Signature Date													