



# ALL INDIA FEDERATION OF TAX PRACTITIONERS

(An Association of Advocates, Chartered Accountants & Tax Practitioners of India)

(Registered with Registrar of Society, Charity Commissioner & Income Tax Authorities)

Regd. Office : 215, Rewa Chambers, 31, New Marine Lines, Mumbai 400 020.

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Library : Mahalaxmi Chambers, Income Tax Office, 2nd Floor, Mumbai 400 034.



## MEMBERSHIP ENROLMENT FORM



To  
The Secretary General, AIFTP

Dear Sir,

I hereby apply to enrol me as **Life Member** of **"ALL INDIA FEDERATION OF TAX PRACTITIONERS."**

I declare that I am practising as a Sr. Advocate/Advocate/Chartered Accountant/Tax Practitioner since \_\_\_\_\_.

I enclose herewith Cash/Cheque/Draft/have remitted online vide transaction No. \_\_\_\_\_ dated \_\_\_\_\_ for

(i) ₹ 3,068/- [₹ 2,500 for Life Membership, ₹ 100/- for ID Card and ₹ 468/- for GST @ 18%]

(ii) ₹ 4,068/- [₹ 2,500 for Life Membership, ₹ 100/- for ID Card, ₹ 468/- for GST @ 18% and ₹ 1,000/- for one year subscription (April to March)]

(iii) ₹ 5,668/- [₹ 2,500 for Life Membership, ₹ 100/- for ID Card, ₹ 468/- for GST @ 18% and ₹ 2,600/- for Three years subscription (April to March)]

### I furnish hereunder full particulars :

#### 1. Name of Member

Mr./Mrs./Miss

(a) Surname

(b) Name

(c) Father's/Husband's Name

#### 2. Personal Data

(a) Date of Birth

(b) Qualifications

(c) Enrolment/Membership

Bar Council \_\_\_\_\_ ICAI/ICWA/ICSI \_\_\_\_\_

Number of\*

ITP/STP/VATP \_\_\_\_\_ Other (specify) \_\_\_\_\_

(d) Specialisation

Audit/VAT/GST/Service Tax/Direct Tax/Excise/Custom/International Taxation/  
FEMA/Any other (specify) \_\_\_\_\_

(e) Blood Group

#### 3. Office Address

 Pin Code 

State

Tel No. with STD Code

Fax No.

 Mobile No. 

E-Mail ID

Website

#### 4. Residential Address

 Pin Code 

State

Tel No. with STD Code

#### 5. Communication to be sent at

Office  Residence

Name of the Association \_\_\_\_\_

Membership No. \_\_\_\_\_

#### 6. Member of other Professional Associations

a)

b)

c)

#### 7. Proposed by member of AIFTP:

Name \_\_\_\_\_

Address \_\_\_\_\_

\* Please enclose self attested copy of enrolment/registration being proof of qualification.

I hereby declare that the above information is true and correct. I undertake to abide by the Constitution, Code of Ethics and Rules and Regulations of the Federation and its amendments from time to time.

Note: Cheque/DD to be drawn in the name of "All India Federation of Tax Practitioners". .

Date :

Signature

#### For Office use only

Accepted at Meeting held at \_\_\_\_\_ Amt. Recd. by \_\_\_\_\_ Date

Receipt No. \_\_\_\_\_ Deposited in Bank on \_\_\_\_\_

President

Secretary General

Treasurer

Membership No.: