

# FCT TAX PRACTITIONERS ASSOCIATION

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## MEMBERSHIP REGISTRATION FORM

### PERSONAL DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Professional Bodies affiliation: \_\_\_\_\_

CITN No: \_\_\_\_\_

No. of year(s) in practice: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email \_\_\_\_\_

### FIRM'S DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Registration No. with Date: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email \_\_\_\_\_

Website: \_\_\_\_\_

### DECLARATION:

I, \_\_\_\_\_ hereby declare that the information provided above is true and also promised to abide by the rules and regulations of the FCT Tax Practitioners Association and if found culpable, the association is at liberty to take disciplinary action against me.

\_\_\_\_\_  
Signature & Date