

THE INSTITUTE OF INDIRECT TAXATION

APPLICATION TO BECOME AN AFFILIATE OF THE INSTITUTE OF INDIRECT TAXATION

Please use capital letters

SURNAME AND FORENAMES (show any professional or other designation used)

Mr/Mrs/Ms/Miss.....

Correspondence Address

.....

.....

..... Post Code.....

Tel. No Fax No

email.....

Occupation.....

Taxes Practised

Employer.....

Employer's address

.....

.....

I apply to become an **Affiliate** of the Institute and agree that whether accepted or not, I may not indicate by use of letters, words or otherwise that I am such an Affiliate. **I enclose my payment for £135.00 being the registration fee** for the current year running from the date of acceptance. Subscriptions are paid annually and are due on each 1 January.

I agree to be bound by the Rules and Bylaws of the Institute and all decisions of its Council or Committees as they may apply to me

Signed Date.....

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SUITE G1, THE STABLES, STATION ROAD WEST, OXTED, SURREY RH8 9EE
T: 01883 730658 F: 01883 717778 E: enquiries@theiit.org.uk www.theiit.org.uk

REGISTERED IN ENGLAND No 2631672 REGISTERED OFFICE: SUITE G1, THE STABLES, STATION ROAD WEST, OXTED, SURREY RH8 9EE
A NON-PROFIT MAKING COMPANY LIMITED BY GUARANTEE



UK REPRESENTATIVE BODY ON THE CONFÉDÉRATION FISCALE EUROPÉENNE

PAYMENT OPTIONS:

BACS / Internet Payment

Sort code: 15-80-00, Account no. 63310436,
(The Institute of Indirect Taxation).

For International Payments:

Swift No. RBOS GB 2L

IBAN No. GB39 RBOS 158000 63310436

**Please ensure you use your full name as the reference.
All bank charges must be met by the
individual/company making the payment – our
bank will automatically charge £1 for all
international payments – please ensure you
include this with your payment.**

Cheque

Cheques should be made payable to The Institute of
Indirect Taxation

Debit/Credit card

Please note there is a 3% administration fee for this
facility

Maestro Mastercard Visa

Card No.

Valid from / (if applicable) Expiry date /

Security Code

Issue No. (if applicable)

Name on card

Address of cardholder

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.....Post Code.....