



THE CHAMBER OF TAXCONSULTANTS

3, Rewa Chambers, Ground Floor, 31, New Marine Lines, Mumbai - 400020
Tel.: 2200 1787 / 2209 0423 / 2200 2455 E-mail: office@ctconline.org
● Visit us at: Website: www.ctconline.org

MEMBERSHIP ENROLMENT FORM (For Advocates, Chartered Accountants, CS and Income-tax Practitioners) &

The Hon. Secretaries
The Chamber of Tax
Consultants
Mumbai

Date _____

Dear Sirs,

Please enroll me as an **ORDINARY MEMBER FOR THE YEAR (APRIL 2022 TO MARCH 2023)**

| | |
|---|---|
| 1. NAME OF MEMBER | MR. / MRS. / MISS |
| (A) SURNAME | _____ |
| (B) NAME | _____ |
| (C) FATHER'S/HUSBAND'S NAME | _____ |
| 2. QUALIFICATIONS | _____ |
| 3. MEM.NO. BAR/ICAI/ICWAI/ICSI | _____ |
| 4. PERSONAL DATA | |
| (A) DATE OF BIRTH | _____ |
| (B) BLOOD GROUP | _____ |
| (C) SPOUSE'S NAME | _____ |
| (D) SPOUSE'S DATE OF BIRTH | _____ |
| (E) MARRIAGE ANNIVERSARY | _____ |
| (F) PROFESSION | ADVOCATES <input type="checkbox"/> CA <input type="checkbox"/> ITP <input type="checkbox"/> ICWA <input type="checkbox"/> ICSI <input type="checkbox"/> |
| (G) STATUS | PROPRIETOR <input type="checkbox"/> PARTNER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> |
| 5. OFFICE NAME | _____ |
| OFFICE ADDRESS | _____ |
| PIN CODE | _____ STATE _____ |
| TEL. NO. | _____ |
| GSTIN NO. | _____ |
| MOBILE NO. | _____ |
| EMAIL ADDRESS | _____ |
| 6. RESIDENTIAL ADDRESS | _____ |
| PIN CODE | _____ STATE _____ |
| TEL. NO. | _____ |
| 7. COMMUNICATION TO BE SENT TO OFFICE | <input type="checkbox"/> RESIDENCE <input type="checkbox"/> |
| 8. SUBSCRIPTION TO | "The Chambers Journal" from 1 st April, 20____ to 31 st March 20____ |
| The amount of Rs. _____ | by Cheque/Draft No. _____ dated _____ drawn on _____ |
| Payable towards Life Mem. <input type="checkbox"/> | Life Mem. & Journal <input type="checkbox"/> Ordinary Mem. <input type="checkbox"/> The Chamber's Journals subscription |
| Only is remitted herewith. <input type="checkbox"/> | |

UNDERTAKING

(Signature)

(In case of application is for Life or Ordinary Membership)

1. I agree to abide by the rules & regulations of the Chamber. 2. I hereby state that I am eligible to practice tax laws, Law
_____, Accountancy, and Company Secretary _____

(Signature)

Proposed by
Signature-----
Name-----


Seconded by
Signature-----
Name-----

| Ordinary Membership Fees Details | | |
|---|--------------|--|
| Admission Fees | | Rs. 885/- [Rs. 750 + Rs. 135 (18% GST)] |
| Ordinary Membership fees & Journal Subscription (April 2022 to March 2023) | | Rs. 2950/- [Rs. 2500 + Rs. 450 (18% GST)] |
| Ordinary Membership Fees | Total | Rs. 3835/- [Rs. 885/- + Rs. 2950/-] |

FOR OFFICE USE ONLY FOR MEMBERSHIP APPLICATION

Issued Acknowledgement Slip No. _____ Dated _____
Accepted by the Managing Council in the Meeting held on _____
Issued Receipt No. _____ Dated _____ for Rs. _____
Nature of Membership Life / Ordinary _____ Year of Membership _____
Database Entry Date _____

NOTES

1. Please attach educational qualification certificate for eligibility to practice tax laws.
2. Please write / type in capital letters.
3. Cheques should be drawn in favor of “The Chamber of Tax Consultants”
4. Outstation remittance should be by Demand Draft payable at Mumbai only.
5. Please tick  wherever applicable.
6. The form should be completed in all respects.
7. The membership application is subject to acceptance by the Managing Council.