



THE CHAMBER OF TAXCONSULTANTS

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MEMBERSHIP ENROLMENT FORM (For Advocates, Chartered Accountants and Income-tax Practitioners) & SUBSCRIPTION FORM FOR THE CHAMBER'S JOURNAL

The Hon. Secretaries
The Chamber of Tax Consultants
Mumbai

Date _____

Dear Sirs,

Please enroll me as a

(A) LIFE MEMBER

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 ADVOCATE CA ITP ICWAI ICSI
(G) STATUS PROPRIETOR PARTNER EMPLOYEE
5. OFFICE NAME _____
OFFICE ADDRESS _____
PIN CODE _____ STATE _____
TEL. NO. _____
MOBILE NO. _____
EMAIL ADDRESS _____
6. RESIDENTIAL ADDRESS _____
PIN CODE _____ STATE _____
TEL. NO. _____
MOBILE NO. _____

7. COMMUNICATION TO BE SENT TO OFFICE RESIDENCE

8. SUBSCRIPTION TO "The Chambers Journal" from 1st April, 20____ to 31st March 20____

The amount of Rs. _____ by Cheque/Draft No. _____ dated _____ drawn on _____
Payable towards Life Mem. Life Mem. & Journal Ordinary Mem. The Chamber's Journal subscription
only is remitted herewith

(Signature)

UNDERTAKING

(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 BySignature-----
Name-----**Seconded By**Signature-----
Name-----**Membership Category**

Life Membership Fees

*Rs. 14160/- [Rs 12000+ Rs. 2160 (18% GST)]***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 _____

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Received Rs. _____ Receipt No. _____ Dated _____

Subscriber No. allotted _____

(1)

(2)

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.