

Distt. Taxation Bar Association (Regd.)

(DIRECT TAXES)

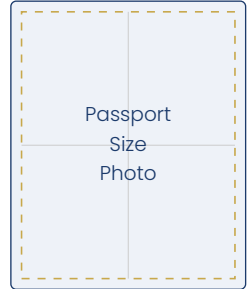
Aaykar Bhawan, Rishi Nagar, Ludhiana

APPLICATION FORM FOR MEMBERSHIP

Full Name

(Name in Block / Capital Letters)

Son of / Daughter of



Affix Passport Size Photograph

CONTACT DETAILS

Residential Address

Office Address

Ph. (Office) _____ Ph. (Residence) _____ Mobile No. _____

Email Address _____

PROFESSIONAL DETAILS

Professional Area: CA CS Advocate ITP
(Please tick one only)

Membership / Enrolment No. (if applicable) _____

KYC & ENCLOSURES

Aadhaar Card No. _____ PAN Card No. _____

- | | |
|---|-----------------------------------|
| 1. KYC Document (Aadhaar / PAN / Passport) | 2. Proof of Qualification |
| 3. Practice Certificate or evidence of practice | 4. Fees Paid – Amount (Rs.) _____ |
| 5. Transaction No. / Cheque No. / Receipt No. _____ | 6. Date of Payment _____ |

DECLARATION

I hereby apply for being enrolled as a Member of the Distt. Taxation Bar Association (Regd.) (Direct Taxes), Ludhiana. I hereby confirm and undertake that the information furnished above is true and correct in all respects and that I fulfil the eligibility criteria to become a member. I further undertake to abide by the Memorandum and By-Laws of the Association.

Signature of Applicant

FOR OFFICE USE ONLY

Scrutiny by Jt. Secretary:

(Status, Date & Remarks, if any)

Recommended / Not Recommended

Admitted / Not Admitted

(SECRETARY)

(PRESIDENT)

Membership Number Assigned: _____ Date: _____