



K.T.P.A. MEMBERS WELFARE FUND

A Welfare Scheme for the Members under section 4 (d) of the bye-law of
Kerala Tax Practitioners' Association
31/425, Sundaralayam, S.A. Road, Vyttila, Kochi- 682019

Affix a
Colour photo

(Please also attach
one photo separately)

APPLICATION FOR MEMBERSHIP

To,
The General Secretary
Kerala Tax Practitioners Association, Kochi-19

1. Full Name (Initial last)

Address : House Name

Locality

Post

District

Mobile No: Pin

E-mail :

2. Gender (Please tick as Applicable) Male Female

3. Age Date of Birth Day Month Year

(Proof should be attached- PAN card / Driving Licence Etc.)

4. Membership No. District code

5. Year of Membership Obtained (Self Attested Copy of ID Card or Certificate issued by Association should be attached)

6. Name of nominee

7. Relationship with Nominee

8. Declaration : I the applicant, do hereby declare that what is stated above is true to the best of my information and belief. I do hereby agree and sign hereunder in agreement that I shall abide by the bye-law of the Kerala tax practitioners' welfare fund in force.

Place :

Date :

Signature of applicant

RECOMMENDATION OF UNIT COMMITTEE

We the unit committee scrutinized the application and do hereby recommend for the approval. The amount of admission fee and subscription of Rs has been collected as per Receipt No. date

Place :

Date :

Signature

Unit President Unit Secretary

