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## **APPLICATION FOR ADMISSION**

| <b>FOR OFFICIAL USE ONLY</b> |                      |
|------------------------------|----------------------|
| Date received: _____         |                      |
| PTP /ATP /ATA no: _____      | Approved date: _____ |
| Cheque no: _____             | Receipt no: _____    |

## 1. PERSONAL PARTICULARS

Surname: \_\_\_\_\_  
Mr/Ms/Mrs/Dr/Prof \_\_\_\_\_

Given Name: \_\_\_\_\_

NRIC No./FIN No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(dd/mm/yyyy) \_\_\_\_\_

Gender: ☐ Female ☐ Male \_\_\_\_\_

Place of Birth: ☐ Singapore ☐ Others (specify) \_\_\_\_\_

Nationality: ☐ Singaporean ☐ Others (specify) \_\_\_\_\_

Singapore PR: ☐ Yes ☐ No ☐ N.A.

Marital Status: ☐ Single ☐ Married

Home Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Office No: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Mailing Address: ☐ Residential ☐ Business

**2. DESIGNATIONS:** Kindly indicate the designation which you are applying for (choose ONE only):

- ☐ Accredited Tax Practitioner (Provisional – Income Tax)
- ☐ Accredited Tax Practitioner (Provisional – GST)
- ☐ Accredited Tax Practitioner (Provisional – Income Tax & GST)
- ☐ Accredited Tax Practitioner (Income Tax)
- ☐ Accredited Tax Practitioner (GST)
- ☐ Accredited Tax Practitioner (Income Tax & GST)
- ☐ Accredited Tax Advisor (Income Tax)
- ☐ Accredited Tax Advisor (GST)
- ☐ Accredited Tax Advisor (Income Tax & GST)

### 3. PROFICIENCY IN LOCAL TAXATION

I have passed the examination in:

| Qualification | Name of Institution | Year Completed |
|---------------|---------------------|----------------|
|               |                     |                |
|               |                     |                |
|               |                     |                |

4. **PRACTICAL EXPERIENCE:** In chronological order. Please attach a separate sheet if more space is required. Each testimonial should specify the period of your employment, with the exact commencement and cessation dates (DD/MM/YYYY), your job title and a detailed description of your duties.

|  |
|--|
| From: _____ / _____ / _____ To _____ / _____ / _____ |
| Company: _____                                       |
| Designation: _____                                   |
| Job Duties: _____<br>_____                           |

|  |
|--|
| From: _____ / _____ / _____ To _____ / _____ / _____ |
| Company: _____                                       |
| Designation: _____                                   |
| Job Duties: _____<br>_____                           |

|  |
|--|
| From: _____ / _____ / _____ To _____ / _____ / _____ |
| Company: _____                                       |
| Designation: _____                                   |
| Job Duties: _____<br>_____                           |

|  |
|--|
| From: _____ / _____ / _____ to _____ / _____ / _____ |
| Company: _____                                       |
| Designation: _____                                   |
| Job Duties: _____<br>_____                           |

## 5. CHARACTER REFEREES

Please give **TWO** character referees. Must not be immediate family members or close relative of applicant.

**A.** From a current CA (Singapore) of the Singapore Institute of Chartered Accountants or a full member of another accountancy body as recognised by the Board.

I, the undersigned, have known the applicant favourably (insert name of applicant) \_\_\_\_\_ for \_\_\_\_\_ years,  
and believe him or her from personal knowledge to be a fit and proper person to be registered as an <sup>+</sup>Accredited Tax Practitioner (Provisional) / Accredited Tax Practitioner / Accredited Tax Advisor of SIATP.

Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_  
Name of  
Accountancy  
Body: \_\_\_\_\_  
Business  
Organisation: \_\_\_\_\_  
Business  
Address: \_\_\_\_\_  
E-mail  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**B.** From the applicant's present employer. If applicant is self-employed or not employed, from a current CA (Singapore) of the Singapore Institute of Chartered Accountants or a full member of another accountancy body as recognised by the Board or the immediate past employer or tutor.

I, the undersigned, have known the applicant favourably (insert name of applicant) \_\_\_\_\_ for \_\_\_\_\_ years,  
and believe him or her from personal knowledge to be a fit and proper person to be registered as an <sup>+</sup>Accredited Tax Practitioner (Provisional) / Accredited Tax Practitioner / Accredited Tax Advisor of SIATP.

Name: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Office No: \_\_\_\_\_  
Name of  
Accountancy  
Body (if  
applicable) \_\_\_\_\_ Membership  
No. (if  
applicable) \_\_\_\_\_  
Business  
Organisation: \_\_\_\_\_  
Business  
Address: \_\_\_\_\_  
E-mail  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<sup>+</sup> Delete classification which is not applicable

## 6. DECLARATION

Please answer the following questions by ticking ☒ where appropriate. For any “Yes”, please provide details in the space below. Please attach a separate sheet if more space is required.

- (i) Have you ever been convicted of any criminal offence? ☐ Yes ☐ No
- (ii) Have you ever been adjudged a bankrupt or made an assignment for the benefit of your creditors? ☐ Yes ☐ No
- (iii) Have you ever been a subject of any investigation by governmental, statutory or professional in respect of any offence involving dishonesty or any complaint for professional misconduct? ☐ Yes ☐ No
- (iv) Have you been refused entry to any professional body or have your membership or registration with such body terminated or suspended? ☐ Yes ☐ No
- (v) Have you applied to be admitted as an <sup>+</sup>Accredited Tax Practitioner (Provisional) / Accredited Tax Practitioner / Accredited Tax Advisor of SIATP previously? ☐ Yes ☐ No
- 
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### SIATP Privacy and Data Protection Policy

The Institute seeks to collect and may use and/or disclose your personal data for matters relating to your membership and/or the conduct of the Institute’s business in accordance with the Personal Data Protection Act 2012. The Institute may from time to time use your personal data to inform you of related news, CPE activities, members’ benefits, goods, services, facilities and events. The Institute may also use your personal data for the conduct of statistical research and studies, and analyse the data collected to administer, develop and improve its services.

By accepting membership and/or other goods and services provided by the Institute, you consent to the collection and use of your personal data in accordance with this Privacy and Data Protection Policy (<http://www.siatp.org.sg/privacy-policy>). You can withdraw your consent for certain future actions at any time through this page (<http://www.siatp.org.sg/withdrawal-of-consent>). Please refer to our Privacy and Data Protection Policy (<http://www.siatp.org.sg/privacy-policy>) for more information.

I declare that the information provided in this application is true and to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. I shall observe and abide by the Rules and Regulations of SIATP upon approval of my application.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<sup>+</sup> Delete classification which is not applicable

## 7. FEES PAYABLE

(Note: SIATP is currently not GST-registered and the amounts stated below do not include GST)

|   | <b>Admission Fees (S\$)</b> | <b>Annual Subscription Fees (S\$)</b> |
|---|-----------------------------|---------------------------------------|
| Accredited Tax Practitioner (Provisional) | 200.00                      | 100.00                                |
| Accredited Tax Practitioner               | 200.00                      | 200.00                                |
| Accredited Tax Advisor                    | 200.00                      | 280.00                                |

A person who is admitted on/after the 1st day of July in any year shall pay only half the subscription that is payable for a full year. Online applications are strongly encouraged.

Accredited Tax Practitioners (Provisional) shall be admitted as such if they have submitted satisfactory evidence of having **EITHER** obtained at least three years of approved practical experience in income tax or Goods & Services Tax or both as the case may be, **OR** have completed the relevant examinations.

Accredited Tax Practitioners shall be admitted as such if they have submitted satisfactory evidence of having obtained at least three years of approved practical experience in income tax or Goods & Services Tax or both as the case may be, in addition to completing the relevant examinations.

Accredited Tax Advisors shall be admitted as such if they have submitted satisfactory evidence of having obtained at least five years of approved practical experience in income tax or Goods & Services Tax or both as the case may be, in addition to completing the relevant examinations.

Relevant examinations currently include examinations for intermediate and advance level income tax and GST courses offered by the Tax Academy of Singapore or other relevant examinations accepted by the Board.

Approved practical experience would include income tax and GST experience gained in academia, commerce, industry, public practice and the public sector.

## 8. PAYMENT

I enclose a crossed cheque/bank draft in Singapore dollars (Cheque No. : \_\_\_\_\_) made payable to the "Singapore Institute of Accredited Tax Professionals Limited" or "SIATP".

## APPLICATION DIRECTIONS

1. When submitting your application, please ensure that your application form has been correctly completed, with all supporting documents attached. Kindly ensure that you have:
  - (i) certified true copies of your examination certificates.
  - (ii) testimonials covering your working experience up to the date of your application. Each testimonial should specify the period of your employment, with exact commencement and cessation dates, your job title and a description of your duties.
  - (iii) all photocopied documents are to be certified by a CA (Singapore)/FCA (Singapore) of the Institute of Singapore Chartered Accountants or an Accredited Tax Practitioner/Accredited Tax Advisor of SIATP. The name of the person certifying the documents must be given in capitals below the signature.
  - (iv) included a certified true copy of your deed poll if the name on your documents is not the same as that on your application form.

Kindly send your application form and all documents and appropriate fees to:

Singapore Institute of Accredited Tax Professionals Limited (UEN: 201002038C)  
60 Cecil Street  
ISCA House  
Singapore 049709

2. For enquiries, please contact us at 65-6749 8060 or visit our website at [www.siatp.org.sg](http://www.siatp.org.sg).