



Registration Form for Tax Technician Students

Personal Details

Title: _____ Surname: _____ First Name: _____

Address: _____

Work Telephone Number: _____ Mobile Telephone Number: _____

E-mail Address: _____ (A VALID E-MAIL ADDRESS IS MANDATORY WHEN ENROLLING AS A STUDENT)

Where did you hear about the course? _____

Course Details

Please tick as appropriate:

Full course (4 modules)	<input type="checkbox"/>
Income Tax & Payroll Fundamentals	<input type="checkbox"/>
Capital Taxes Fundamentals	<input type="checkbox"/>
Corporation Tax Fundamentals	<input type="checkbox"/>
VAT Fundamentals	<input type="checkbox"/>

Venues (subject to demand)

Online only

Course materials will be delivered during office hours and must be signed for. Please provide a shipping address if relevant:

Examination

All venues are subject to availability and demand. Details will be posted on the student area of the website. Please tick **both** your first and second preference of venue. Students will be awarded their first preference where possible.

Please select the Examination sitting you intend to present for:

Autumn 2019

1st Preference: Dublin Cork

2nd Preference: Dublin Cork

Income Tax & Payroll Fundamentals Corporation Tax Fundamentals

Capital Taxes Fundamentals VAT Fundamentals

Office use only:

Passes: _____

No. of Attempts: _____

Exam No.: _____

If you decide to change your selected examination sitting after your examination number has issued for the end-of-course examinations a €50 charge is payable.



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Data Protection

Our Data Protection Policy, which can be found at <http://taxinstitute.ie/Legal/PrivacyPolicy.aspx>, explains how we collect and use your personal data. It also explains your rights in connection with your personal data.

Fitness Declaration

I undertake that I shall at all times observe and comply with the rules and regulations of the Irish Tax Institute applicable to the conduct of its members (including student members), including without limitation the rules set out in the Bye-Laws and in the Code of Professional Conduct, and that I shall observe and comply with such rules both in the letter and in the spirit. I further undertake that I shall not, whether by act or by omission, engage in conduct tending to bring myself, the Irish Tax Institute or its members into disrepute.

I also declare that

- (a) I have not been convicted of an indictable offence other than one prescribed by the Road Traffic Acts
- (b) I am not more than six months in arrears in paying to the Institute any sum which has become payable by me to the Institute;
- (c) I have not, under any resolution of creditors or order of any court having jurisdiction or any deed or document, had my estate placed in liquidation for the benefit of creditors, nor have I been subject to an order of bankruptcy from which I am not discharged;
- (d) I am not disqualified by the High Court from being a company director.

Declaration

I have read and understand the Irish Tax Institute's Tax Technician Course Information & Regulations 2018/2019 including the Student Regulations and agree to be bound by all decisions of the Education Committee.

I hereby give notice that I wish to present myself for the Tax Technician Examinations. I have given the information required of me by the Education Committee.

I declare that the information given is correct. I acknowledge that making this Declaration falsely may result in my expulsion as a student from all or any courses organised by the Irish Tax Institute.

Signature _____ Date _____

Name (block capitals): _____



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Payment

Name: _____

	Fee	Total
New Students		
Student Subscription	<input type="checkbox"/> €70*
All 4 modules (course and exam fee)	<input type="checkbox"/> €1,905
One module	<input type="checkbox"/> €650
Two modules	<input type="checkbox"/> €1,300
Three modules	<input type="checkbox"/> €1,950
Delivery of course materials	<input type="checkbox"/> €16
Total	 € _____

I wish to pay by:

Direct Debit (completed mandate attached)

Cheque (made payable to the Irish Tax Institute)

Credit / Debit Card

MasterCard Visa AmEx Visa Debit

Card No.: _____

Card Holder: _____ Expiry Date: _____

Signature: _____

* half year student subscription fee for Summer course

For office use only:

Approved for Education by: _____