

atts

Association of Taxation Technicians (S) Limited

Examination & Student Registry
20 Aljunied Road #01-01 CPA House Singapore 389805
Tel: 6744 9865 Fax: 6749 7713
Email: atts@icpas.org.sg
Website: <http://esr.icpas.org.sg>
Co. Reg. No. 199502127K



Application for Admission to Student for:

Please tick the following boxes to indicate the qualification(s) you wish to register.

- Certificate in Basic Taxation
- Certificate in Advanced Taxation
- Diploma in Taxation

All students intending to sit for the various taxation qualifications are required to register separately to be part of the ATTS student body.

First Time Registration

** Students who are previously registered, must complete the Re-registration Form*

Section A Personal Particulars

Name: (Dr / Mr / Ms)*	
Home Address: Singapore ()	
Identity Card No. / Passport No.*:	Nationality:
Work Permit / Employment Pass No.*:	Date of Birth: (DD/MM/YY)
Gender: Male / Female*	Self sponsor / Company sponsor*
Contact No.:	Email:
Mailing Address: Home Address / Company Address / Others (Please specify)*: Singapore ()	

Section B Education

Please specify educational and professional qualifications and year attained.
(E.g. O Levels, A Levels, LCCI, Polytechnic Diploma, etc.)

	Examining Board / Institution	Certificate / Diploma / Degree	Year Attained
1.			
2.			
3.			
4.			

* Delete as appropriate

Section C Employment

Present Employment

Company Name:		
Company Address:		Singapore ()
Job Position:		
Job Duties:		
Contact No.:	Ext. (if any):	Fax:

Section D Source of Introduction

Please tick where applicable how you were introduced to the ATTS.

- | | |
|---|---|
| <input type="checkbox"/> ATTS Promotional Event/Literature | <input type="checkbox"/> Colleague/Employer |
| <input type="checkbox"/> Career Service/Literature | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Advertisement (please specify) _____ | <input type="checkbox"/> Friend |

Section E DECLARATION

I declare that the information given in this form is correct. I understand that once registered as a student of the Association, I shall be bound by the provisions of the Memorandum and Articles of Association, the bye-laws and all other regulations of the Association, which are now and may hereafter be in force from time to time for regulating student candidates and graduates.

Declared by the said applicant

Name

Signature / Date

Application Procedures

When submitting your application, please ensure that your application form has been correctly completed and that the following are enclosed:

- i. Certified copies of:
 - (a) Photocopies of all educational certificates and transcripts (*Including official translations where documents are not in English*);
 - (b) Photocopy of NRIC (Both sides) or copy of Passport for foreigners.
- ii. Email a softcopy of passport-size photograph to atts@icpas.org.sg for the processing of ATTS student card (*Please state your full name and NRIC number on the email*).
- iii. A non-refundable administration fee of S\$65 by cash, NETS, credit/debit cards or cheque made payable to "ATTS"

Closing Date for Student Registration

Examination Session	Application Deadline	Address for Submission
June	15 February	Examination & Student Registry (ESR) Department 20 Aljunied Road #01-01 CPA House Singapore 389805 Operating hours: Mondays to Fridays (9:00 am to 7:00 pm)
December	15 August	

Application Processing Time

- Your student application requires about 1 month to process upon receipt of all required documents mentioned above.
- Once your registration application has been approved, you will receive your registration package including your student card and an exemption notification (if applicable). All registered students are required to pay student fees from the following year.

Admission Criteria

- i. You must have a minimum of 5 'O' levels with credits in English and Mathematics, or its equivalent.
- ii. Certificates may be combined with other qualifications if you do not meet the above minimum requirements. E.g. ITE, LCCI, CAT, AAT.
- iii. Those with other qualifications will be assessed on a case-by-case basis.

For Official Use only

Name: _____

Reg No

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Reg Date

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Exemp

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The application is approved / not approved / deferred on _____

ATTS