

Application to Pay a Reduced Maternity Subscription 2024



- I acknowledge that any statement contained herein which is known by me to be false may invalidate this application and any decision reached thereon by the Council of the Irish Tax Institute.

Name _____ Membership No. _____

Address

Telephone No. _____ Mobile _____

Email

To assess your application please choose one of the following maternity income options:

- Full Pay Part Pay No Pay

Start of Maternity _____ End of Maternity _____

Please Tick

- I declare that the information contained in this application is true, accurate and complete to the best of my knowledge and belief.
- I will notify the Institute if I return to work or business, whether on a part time or full time basis. I understand that I will be asked to re-apply to pay a reduced subscription each year.
- I understand that if approved, this application does not exempt me from my CPD requirements, including that of making an annual CPD declaration return.

Additional Information:

Signature: _____ Date: _____

When completed please return this form

to: Caitriona Meredith
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Harbour Dublin 2

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