## Application to Pay a Reduced Subscription 2024



- Please note that reduced subscription rates are <u>not</u> available to Members who are in receipt of any employment or self-employed income, regardless of source.
- 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.
- Applications must be received by 30<sup>th</sup> June in the year which the subscription applies and no application will be considered in respect of previous years.

Name	Membership No.
Address	<u> </u>
Telephone No.	Mobile
Email	
To be completed by all applicar I ceased employment on:	
Reason(s) for seeking a r	reduced subscription (please give full details to support your application)
Please Tick √	
	t in receipt of any employment or self-employed income, regardless of source.
☐ I declare that the infor belief.	rmation contained in this application is true, accurate and complete to the best of my knowledge and
	te if I return to work or business, whether on a part time or full time basis. I understand that I will be pay a reduced subscription each year.
☐ I understand that if ap annual CPD declaration	oproved, this application does not exempt me from my CPD requirements, including that of making an on return.

When completed please return this form to:

Caitriona Meredith Irish Tax Institute Longboat Quay Grand Canal Harbour Dublin 2

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