

KARNATAKA STATE TAX PRACTITIONERS ASSOCIATION(R)

Regd Office: No.3043, Nirmala Nilaya, 15th Cross, BSK 2nd Stage, Bangalore - 560 070

Admin off: No.02, 3rd Floor, "C" Block, Ravanakar Complex, Court Circle, HUBBALLI-580 029



Web:www.kstpa.org E-Mail:kstpakar@gmail.com

MEMBERSHIP ENROLLMENT FORM

PHOTO

1.	Name(In Block letters)	
2.	Office Address	ResidenceAddress
4.	Mobile Number	
	E-Mail Addresses	
3.	Date of Birth	
4.	Blood Group	
5.	Academic Qualification	
6.	Number of years of Practice	
7.	Income Tax Practitioners Enrollment No	
	GSTP Enrollment No.	
	If Advocate, BAR Associations Membership No.	
8.	Name of the District & Enrollment number of District Associations	
9.	Particulars of Payment	Receipt No : Cheque No Date Bank NEFT/RTGS RefNo:

I request that I may be rolled as Member of Karnataka State Tax Practitioners Association, Bangalore I shall abide by the Rules and regulations of the Association.

Place:

Date:

Signature

(Cheque or D.D. in the name of Karnataka State Tax Practitioners Association,®)

For NEFT/RTGS: Accounts Details,

KARNATAKASTATE TAXPRACTITIONERS ASSOCIATION

Bank : Bank of India , Current Account No. 845320110000396

IFSC Code : BKID0008453 , Branch : Seshadripuram, Bangalore-560 020

FOR OFFICE USE ONLY

Sri./Smt

has been admitted to the Association as a Life

Member and his name has been duly entered in the Register of Members under Sl.No.....

Secretary/ President