



The Institute of Auditing (TIA)

(An Institute set up under Section 42 of the Companies Act, 2017 with the Securities & Exchange Commission of Pakistan (SECP))

Address: Office # 01, First Floor, Selex Center, Plot # 25-A, Opposite Virtual University Campus, Markaz G-10, Islamabad-Pakistan.

Tel: +92 51 235 5056, **Fax:** +92 51 234 4058,

Cell: +92 336 320 4185/+92 300 531 3597

Emails: info@tia.org.pk,

Website: www.tia.org.pk

TIA IA Registration / Enrolment Form

Membership Type

Student Member

Associate Member

Fellow Member

Honorary Member

Applicant's
Picture

APPLICANT DETAILS:			
Full Name:			
Father's Name:			
Date of Birth:			
CNIC Number			
Address (Residence):			
Mobile Number:		Phone Number:	
Email Address:			

EMPLOYER DETAILS:			
Name of Employer:			
Address (Office):			
Mobile Number:		Phone Number:	
Email Address:			
Present Position:			
Date of Joining:			



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PROFESSIONAL EXPERIENCE:

From	To	Name Of Employer	Country	Position	Activity

Disclaimer:

By signing this admission form, I acknowledge that all the information provided by me is true and correct to the best of my knowledge. I understand that any false or misleading information provided by me may result in the cancellation of my admission / membership. Furthermore, I agree to abide by all the rules and regulations of the institute that are currently in force, or which may be made from time to time. I understand that failure to comply with the institute's rules and regulations may result in disciplinary action, including suspension or expulsion from the institute. I also understand that the institute reserves the right to modify or amend its rules and regulations at any time, and it is my responsibility to stay updated with the latest changes. I agree to cooperate with the institute in all matters concerning my admission and education.

By signing this admission form, I acknowledge that I have read and understood the terms and conditions stated herein and agree to be bound by them.

Dated: _____

Signature: _____

Note: Attach a copy of your CNIC, Picture and a recent CV.



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FOR OFFICE USE ONLY	
Membership Fee (Rs.):	
Admitted Or Rejected:	
Annual Subscription (Rs.):	
Council Resolution Number:	
Council Resolution Date:	
Cash/Bank Receipt No:	
Member Intimated On:	
Membership Number:	
Membership Date:	

Dated: _____

Signature: _____

Signature of Secretary

Official Stamp of TIA