



THE TAX INSTITUTE

# SUBJECT TRANSFER APPLICATION FOR SUBJECT TRANSFER

SUBJECT TRANSFER | WD

This form is to be completed by candidates who wish to transfer their current enrolment to another Tax Education Program with The Tax Institute within the same study period.

You will receive a tax invoice after the application and payment are processed. Please retain original copy for your records. All prices quoted are in Australian dollars and include GST where applicable. ABN 45 008 392 372.

Date of issue: May 2017

## 1 Subject transfer fee

Transfer fee \$100.00 AUD

## 2 Candidate information

Title:  Mr  Mrs  Miss  Ms  Other (please specify)

Member no.:

Date of birth:

DD/MM/YYYY

First name:

Last name:

Address:

Suburb:

State:

Postcode:

Country:

Email:

Telephone:

Mobile:

## 3 Subject details

Select and complete the subject which you are applying to transfer from in the current study period.

### Current enrolment

- ATL001 CTA1 Foundations
- ATL002 CommLaw1 Australian Legal Systems
- ATL003 CTA2A Advanced
- ATL004 CTA2B Advanced
- ATL005 CommLaw2 Entities and Business Structures
- ATL006 CommLaw3 Property Law
- ATL007 Advanced Superannuation
- ATL008 Tax for Trusts in Estates Planning and Wealth Management
- ATL009 Corporate Tax
- CTA3 Advisory



### Move to

- ATL001 CTA1 Foundations
- ATL002 CommLaw1 Australian Legal Systems
- ATL003 CTA2A Advanced
- ATL004 CTA2B Advanced
- ATL005 CommLaw2 Entities and Business Structures
- ATL006 CommLaw3 Property Law
- ATL007 Advanced Superannuation
- ATL008 Tax for Trusts in Estates Planning and Wealth Management
- ATL009 Corporate Tax
- CTA3 Advisory

## Subject details cont

Reason for subject transfer:

## 4 Candidate declaration

I confirm that I have read and accept The Tax Institute's education policies and procedures (see [taxinstitute.com.au/education](http://taxinstitute.com.au/education) for policies).

I confirm that the information provided in the candidate declaration is true and correct and I agree to abide by the Institute's rule and regulations.

I hereby declare that the information in this application is true and correct. I authorise the investigation of all statements made by me with respect to this application.

Signature:

Date:

DD/MM/YYYY

## 5 Payment

On completion of this form your application will be submitted to the education team for approval and processing. Once approved, you will be contacted for payment.

Please note your membership with The Tax Institute will not be affected by your application to transfer the subject and you will continue to receive the benefits of membership until the time of renewal. To discuss options about your membership, please contact our membership department on (02) 8223 0060 or email.

For information about our privacy policy, please visit our website at [taxinstitute.com.au/policy](http://taxinstitute.com.au/policy) or contact our Education Division on 1300 TAX EDU (1300 829 338) or email [membership@taxinstitute.com.au](mailto:membership@taxinstitute.com.au).

## Collection notice

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### TO DEFER

✉ Mail GPO Box 1694 Sydney, NSW 2001

@ Email [taxeducation@taxinstitute.com.au](mailto:taxeducation@taxinstitute.com.au)

☎ Call 1300 TAX EDU (1300 829 338)

☎ Fax 02 8223 0077