AMENDMENT OF TAXPAYER'S DATA



IMPORTANT NOTES 1. This form SHOULD be completed and submitted IMMEDIATELY to the Tax Department when there is an amendment in the taxpayer's data. 2. To be completed in CAPITAL LETTERS (other than e-mail address) 3. Fields with I, P, L are compulsory for individuals (I), partnerships (P) and legal persons (L) respectively 4. To be submitted at the local District Offices of the Department 5. Tick V accordingly wherever choice with a box appears and fill in boxes shown as A. Taxpayer Identification Details											
1. Tax Registration Number (I, P, L) Contact telephone for the purposes of this form (I, P, L)											
	ly V.A.T. numbe	-		11 1	Comac	i telephone for th	ie pui poses	OI IIIIS I	Omi (i, F, L)		
	ly T.I.C. number										
B. TAXPAYERS DETAILS											
2. Name :											
2.a Change to:											
3. Surname :	•										
3a. Chan	ge to:										
4. Name of L	egal Person / F	artnershi	p:								
4a. Chan	ge to:						Dat	e of cha	inge:		
5. Trade Nan	ne:										
5a. Trade	Name						Dat	e of cha	nge		
6. : District o	ffice										
Current											
Request to change to Nicosia Limassol Larnaca Famagusta Paphos											
Reason											
		p p				,, ,					
8. Bank Details: SWIFT CODE and IBAN											
9 I wish to ap	o appoint a Representative				Auditor Per			erson Responsible under the Law			
T.I.C. / V.A.T.											
Name and Su Business na											
For the purp following tax											
	C. CC	OMMUNIC	CATION (DO NOT include na	ames b	ouildings or flo	oor numbers the of	ice or apartn	nents)			
	ication Langua	ige (I, P, L	.):- Greek		Turkish		English				
·	es and e-mail										
2. E-mail											
3. Home Telephone Number					4. Mobile Telephone Number						
-	5. Work Telephone Number					6. Fax Number					
12 <u>Addresses</u> (buildings are included only for overseas addresses, It is compulsory to complete all fields marked with a *) -											
a. Residence (I) / Registered Office											
Street*											
Street											
Number*		Shop / (Apartment / Office) Number			Villag	e or Town *				
Postal Code	Number*				Country*						
b. Main Business Same as Residence or Registered Office; Yes No											
Street*											
Street											
Number*		Shop / (Apartment / Office) Number			Villag	e or Town *				
Postal Code	al Code Number* Country*										
l					. <u></u>						

c. Mailing Address where you with to have your correspondence sent to :-										
To Residence / Registered Office Work						Other (complete a or b below accordingly)				
If you choose «Other» , declare either the full address (i) or Post Office Box (ii).										
i)	Street*									
	Street		·							
	Number*		Shop / (Apartme	nt / Office) Number			Village or Town *			
	Postal Code Num	ber*			Country*					
ii)	Postal Office Box	*		1		Postal Code Number*				
	Village or Town *					Country*				
D. ACTIVITIES										
13. Date of Termination / Temporary cessation*/										
	☐ I request temporary cessation because									
	☐ I request cessation as employer because									
	I request Termina	ation becaus	e of Dankrupt	cy, dissolution of	business	death.				
The	property of the dec	eased is sub	ject to an administ	ration . The Rep	resentative's	s / Administra	ator's TIC is			
The property of the deceased is subject to an administration . The Representative's / Administrator's TIC is										
14. Date of Recommencement of activities/										
	I recommenced t	rading activi	ties on the above o	late or I am above the	e threshold fo	or submissio	n of returns as of the	e above date		
	I recommenced a	activities as	employer as of the	above date						
15. \	our Main Busines	ss Activity -	- Description (For P	ensioners / employees /	directors state	e Pensioner / E	Employee / Director and	the name of your employer) :-		
						FOR	OFFICIAL USE			
16. Secondary Activities if you have any – Description :-										
						FOR	OFFICIAL LISE			
17 (17. State any other details regarding your activities									
17.3	state any other de	tans regard	ing your activities	•						
E. DECLARATION										
1	I with Identity number									
(complete your full name in CAPITAL LETTERS)										
Declare that the information completed on this for and which is included in any attached forms are complete and true and in case of any change I am obliged to notify the Tax Department.										
Sign	Signature Date Telephone for clarifications									
	Designation of signatory:									
	Taxpayer		Representativ		artner		Administrator /	Trustee		
	Director		Secretary	Au	uthorised office	cial				
For	For official use Recorded by									
The Processing Of Personal Data (Protection of individuals) LAW No. 138 (I) 2001 (as amended)										
The Department maintains a Register where personal data of the Republic's taxpayers is maintained for the purposes of enforcing Tax Legislation. The existence of this Register has been notified by publicity in the newspapers in accordance with The Processing of Personal Data (Protection of individuals) Law No. 138(I) of 2001, as amended.										
The Department can use the information entered on this Form in order to check the correctness of information, prevent or detect an offence and safeguard the income of the Republic.										