MINISTRY OF FINANCE

ΤΜΗΜΑ ΦΟΡΟΛΟΓΙΑΣ TAX DEPARTMENT

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)

☐ My V.A.T. number is/was ☐☐☐☐☐☐☐☐☐

☐ My T.I.C. number is/was ☐☐☐☐☐☐☐☐☐

Contact telephone for the purposes of this form (I, P, L)

.....

B. TAXPAYERS DETAILS

2. Name :

2.a Change to:

3. Surname : **Gender (I):**

3a. Change to:

4. Name of Legal Person / Partnership:

4a. Change to: **Date of change:**

5. Trade Name:

5a. Trade Name **Date of change**

6. : District office

Current ☐ Nicosia ☐ Limassol ☐ Larnaca ☐ Famagusta ☐ Paphos

Request to change to ☐ Nicosia ☐ Limassol ☐ Larnaca ☐ Famagusta ☐ Paphos

Reason .....

7. Country of usual residence.....

8. Bank Details: SWIFT CODE ☐☐☐☐☐☐☐☐☐☐☐ and **IBAN** ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐

9 I wish to appoint a	**Representative**	**Auditor**	**Person Responsible under the Law**
T.I.C. / V.A.T.			
Name and Surname / Business name			
For the purposes of the following tax/taxes			

C. COMMUNICATION (DO NOT include names buildings or floor numbers the office or apartments)

10. Communication Language (I, P, L):- ☐ Greek ☐ Turkish ☐ English

11 Telephones and e-mail

2. E-mail			
3. Home Telephone Number		4. Mobile Telephone Number	
5. Work Telephone Number		6. Fax Number	

12 Addresses (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		Village or Town *	
Postal Code Number*			Country*		

b. Main Business **Same as Residence or Registered Office;** ☐ Yes ☐ No

Street*					
Street					
Number*		Shop / (Apartment / Office) Number		Village or Town *	
Postal Code Number*			Country*		

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 / (Apartment / Office) Number		Village or Town *	
	Postal Code Number*		Country*		
ii)	Postal Office Box *		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 Termination because of ☐ bankruptcy, ☐ dissolution of business ☐ death.

The property of the deceased is subject to an administration ☐. The Representative's / Administrator's TIC is ☐☐☐☐☐☐☐☐☐

*If you are applying for cessation of VAT complete form VAT204

14. Date of Recommencement of activities **……/……/……**

☐ I recommenced trading activities on the above date or I am above the threshold for submission of returns as of the above date

☐ I recommenced activities as employer as of the above date

15. Your Main Business Activity – Description (For Pensioners / employees / directors state Pensioner / Employee / Director and the name of your employer) :-

FOR OFFICIAL USE

16. Secondary Activities if you have any – Description :-

FOR OFFICIAL USE

17. State any other details regarding your activities

E. DECLARATION

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.

Signature …… Date …… Telephone for clarifications ……..

Designation of signatory:

☐ Taxpayer ☐ Representative ☐ Partner ☐ Administrator / Trustee

☐ Director ☐ Secretary ☐ Authorised official

For official use

Recorded by …….. Date ……

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.