

PERSONAL DATA CHANGE FORM

Dear Sir/Madam,

This form should be filled in, **only** where there has been a change in your personal data. If so, please complete all the particulars and tick the relevant item(s) to confirm the field(s) that require change in your personal data.

1.	<input type="checkbox"/> Tax Account Number (TAN)	
2.	<input type="checkbox"/> Title (Mr, Mrs, Miss)	
3.	<input type="checkbox"/> Surname	
4.	<input type="checkbox"/> Other names	
5.	<input type="checkbox"/> National Identity Card Number	
6.	<input type="checkbox"/> Residential address	
7.	<input type="checkbox"/> Business address	
8.	<input type="checkbox"/> Name of Employer (if applicable)	
9.	<input type="checkbox"/> Nature of Trade business/ Profession/Vocation (if applicable)	
10.	<input type="checkbox"/> Spouse Details (if applicable) Name of spouse: Maiden name, if applicable: Date of civil marriage: National Identity Card Number of spouse:..... Tax Account Number of spouse (if any):	

Date:.....

Signature:

The form duly completed should be returned to : **The Director General
Mauritius Revenue Authority
Ehram Court
Cnr Mgr. Gonin & Sir Vigil Naz Streets
Port Louis.**