

**APPLICATION FORM FOR TAX ACCOUNT NUMBER / CHANGE IN PERSONAL DATA**

To be completed by a person who does not have a Tax Account Number or whose personal data has changed

1.	Title (Mr, Mrs, Miss)		
2.	Surname		
3.	Other names		
4.	National identity card number		
5.	Residential address		Tel No.:
6.	Business address		Tel No.:
			Mobile:
7.	Name of Employer (if applicable)		
8.	Nature of Trade business/Profession/vocation (if applicable)		
9.	Single/married: ..... Date of civil marriage: .....		
	Maiden name, if applicable: .....		
	Name of spouse: .....		
	National identity card number of spouse: .....		
10.	Tax Account Number of spouse (if any)		

Please enclose (i) a copy of your National identity card, and  
(ii) a copy of your CEB a CWA bill

**Declaration**

I .....  
(Full name of signatory in **BLOCK LETTERS**)

do hereby declare that the information I have given in this statement is true and correct.

Signature : .....

Date : .....

If the declaration is not made by the person named, please state relationship/capacity in which acting:

.....