



## **APPLICATION FORM FOR CHANGE TAXPAYER REGISTRATION DETAILS**

(For Individual and Proprietorship)

1. Please fill in only those that require for update.
2. All fields marked with \* are Mandatory
3. Please fill up the form using **BLOCK LETTERS**
4. If you change citizenship to non Sri Lanka, please provide your new passport information
5. If you change citizenship to Sri Lanka, please provide your Sri Lanka National Identity Card.

Taxpayer Identification Number (TIN) \* :

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### **SECTION A (For Sri Lanka Citizen)**

National Identity Card Number (NIC) :

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Name with Initials (English) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Sinhala) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Tamil) :

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### **SECTION B (For Foreigner)**

Passport No. :

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Date Expiry of Passport :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Date of Arrival to Sri Lanka :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Country of Issuance of Passport :

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### **SECTION C**

Salutation :

Rev.  Prof.  Dr.  Mr.  Ms.

Full Name of Applicant (English) :


(Sinhala) :


(Tamil) :


Date of Birth :

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Country of Birth :

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Gender :

Male  Female

Nationality :

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Preferred Language :

Sinhala  Tamil  English

IRD will use this preferred language to send letters, notices, forms and returns

Preferred Mode of Alert :

SMS  Email

Source of Income \* :  Employment  Business  Rent  Interest/Dividend  Rent

Occupation /Others :

**PERMANENT ADDRESS**

(English)

Premises No. :

Unit No. :

Address :

Postal Code :

(Sinhala)

Premises No. :

Unit No. :

Address :

Postal Code :

(Tamil)

Premises No. :

Unit No. :

Address :

Postal Code :

Province :

District :

Divisional Secretariat :

Grama Niladhari Division :

**RESIDENTIAL ADDRESS**

(English)

Premises No. :

Unit No. :

Address :

Postal Code :

(Sinhala)

Premises No. :

Unit No. :

Address :

Postal Code :

(Tamil)

Premises No. :

Unit No. :

Address :

Postal Code :

Province :

District :

Divisional Secretariat :

Grama Niladhari Division :

**FOREIGN ADDRESS**

Address (English) :

Country :

**CONTACT DETAILS**

*Please fill in at least one contact information*

Mobile :

Office :

Home :

Email :

**BANK INFORMATION**

Bank Name :

Account Number :

**FAMILY INFORMATION**

Civil Status :  Single  Married

SPOUSE INFORMATION

*If marital status is married, please fill in spouse and child information.*

Full Name of Spouse :

NIC of Spouse :

TIN of Spouse (if any) :

CHILD INFORMATION:

No	Name	NIC (if Any)	Date of Birth	Gender

**INDIVIDUAL BUSINESS**

*If you have more than one proprietorships please fill in Appendix A*

New Business :  Yes  No

Name of Business :

Registration No. : 

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Principal Activity of Business :

Date of Commencement : 

D	D	/	M	M	/	Y	Y	Y	Y
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BOI Registered :  Yes  No

BOI Start Date : 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

BOI Expiry Date : 

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Is it your Primary Business :  Yes  No

**ADDRESS**

*(English)*

Premises No. :  Unit No. :

Address :

Postal Code :

Date of Closure : 

D	D	/	M	M	/	Y	Y	Y	Y
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*If you wish to add / update your registered tax type address, please also fill in APPENDIX D (Tax Type Address).*

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. : 

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Designation :

**AUTHORIZATION \***

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. : 

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Signature :

Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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*Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.*