



APPLICATION FORM FOR CHANGE TAXPAYER REGISTRATION DETAILS

(For Partnership / Joint Venture / Project)

1. Please fill in only the fields that require change or update.
2. All fields marked with * are Mandatory
3. Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN) * :

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

Business Registration Number :

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

Name of Business / Project

(English) :

(Sinhala) :

(Tamil) :

Principal Activity of Business :

--

Business / Project Status : Active Inactive Cancel

Preferred Language : Sinhala Tamil English

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

Preferred Mode of Alert : SMS Email

Website URL :

WWW.

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

REGISTERED 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 :

CONTACT DETAILS

Please provide at least one of contact information

Mobile : Office :

Email :

BANK INFORMATION

Bank Name :

Account Number :

PARTNER / RELATED ENTITY INFORMATION

If you have more than one partners/related entities information. Please use Appendix B for individual partners/related entities and for partners that are Non-Individual, please use Appendix E.

Partner / Related Entity 1

New Partner/ Related Entity : Yes No

Precedent Partner / Related Entity : Yes No

National Identity Card / Passport No. :

Issuance Country of Passport :

For Foreigner

Full Name :

Name with Initials :

Salutation : Rev. Prof. Dr. Mr. Ms.

Date of Birth :

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

ADDRESS

Premises No. : Unit No. :

Address :

Postal Code :

CONTACT DETAILS

Please provide at least one of contact information

Mobile :

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

 Office :

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

Home :

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

 Email :

Partner / Related Entity 2

New Partner / Related Entity : Yes No

National Identity Card / Passport No. * :

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

Issuance Country of Passport :

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

For Foreigner

Full Name * :

Name with Initials * :

Salutation * : Rev. Prof. Dr. Mr. Ms.

Date of Birth * :

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

ADDRESS *

Premises No. : Unit No. :

Address :

Postal Code :

CONTACT NUMBER *

Please provide at least one of contact information

Mobile :	<input type="text"/>	Office :	<input type="text"/>
Home :	<input type="text"/>	Email :	<input type="text"/>

If you wish to register other tax type, please fill in **APPLICATION FOR TAX TYPE REGISTRATION**

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

Name :	<input type="text"/>
National Identity Card / Passport No. :	<input type="text"/>
Designation :	<input type="text"/>

AUTHORIZATION *

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

Name :	<input type="text"/>										
Designation :	<input type="text"/>										
National Identity Card / Passport No. :	<input type="text"/>										
Signature :	<input type="text"/>										
Date :	<table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		

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