

## **APPLICATION FOR CHANGE TAX TYPE REGISTRATION**

. 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 LET	TERS										
Taxpayer Ident	ification Number	er (TIN) *	:										
Tax Type *		: Incor		PAYE	_	J VA			NBT		WHT		
Status		☐ ESC		Stamp D	uty L	■ VA	1 on	F3					
a. Income	Tax :	☐ Active		Inactive		ancel							
b. PAYE		☐ Active		Inactive	_	Cancel							
c. NBT	•	☐ Active		Inactive		ancel							
d. VAT	:	☐ Active		Inactive		ancel							
		Apply for											
	Revert to Accrual Basis:												
		Filing Fre	equency	:		Month	ly [	<b>]</b> Qua	arterly				
e. WHT	:	☐ Active		Inactive		ancel							
f. ESC	:	☐ Active		Inactive		Cancel							
g. Stamp D	uty :	☐ Active		Inactive		Cancel							
h. VAT on	FS :	☐ Active		Inactive		Cancel							
		Filing Free	quency	:		Januar	y – D	ecem	ber <b>[</b>	] Apı	ril - Ma	arch	
		Liable Bus	siness Ac	tivity:									
If you are registering for new Sec 22(7) or requesting for extension for existing Sec 22(7), please fill in APPLICATION FORM FOR SEC 22(7).  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 Identit	y Card / Passpor	t No. :											
Designation :													
AUTHORIZA	ΓΙΟΝ *												
I do hereby certify that the particulars furnished by me in this application are true and correct.													
Name :													
Designation :													
National Identit	y Card / Passpor	t No. :											
Signature :													
Date :	D D /	M M /	Y Y	Y									
Note: This form to	be submitted at	long with sup	porting d	locumen	ts (If ar	ıy) to i	the H	elp De	esk at ti	he nec	arest II	RD bro	anch.