



GOVERNMENT OF BERMUDA
Ministry of Finance

Office of the Tax Commissioner

TAXPAYER CHANGE OF STATUS FORM

If there has been a change to your name, address, telephone number or a change in your business ownership,, please complete this form. If there has been a change in the name of the business or the legal entity, please complete a new Registration form.

Please indicate the type of change	<input type="checkbox"/>	Change of name	<input type="checkbox"/>	Change of telephone, fax or e-mail
	<input type="checkbox"/>	Change of address	<input type="checkbox"/>	Change of ownership

Current Information

Taxpayer identification #	
Owner's name	
Business name	
Street address	
Mailing address	
Phone	
Fax	
Email	

New Information

New owner's name	
Business name	
Street address	
Mailing address	
Registered Office (if applicable)	
Phone	
Fax	
Email	
Nature of business	

Declaration

I certify that the information given above is true to the best of my knowledge and belief.	Name of employer/authorized person in block capitals _____
	Signature of employer/authorized person _____
	Date _____
	Telephone numbers _____ (H) _____ (W) _____ (C)

FOR OFFICE USE ONLY	Form vetted by: Officer: _____ Date _____
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