



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

- Change of name
- Change of address
- Change contact person
- Change of telephone, fax or e-mail
- 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

Contact Person for Payroll Tax purposes

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: _____ Date _____