



**British Virgin Islands
Inland Revenue Department
Taxpayer Information - ENTERPRISES**

Change of address

Change of name

Registered Name of Company: _____

Trade Name of Company: _____

NEW NAME OF COMPANY: _____

Attach Proof of Change (e.g. Trade License, Change of Name Certificate)

Registration Number : _____ Telephone No. _____

Fax No. _____ Cell No. _____

E-Mail: _____ Website: _____

Contact Person: _____ Position: _____

Address:

Postal Box No. _____

City _____

District _____

Country _____

Postal Code _____

I hereby certify that the information above is true, accurate and complete to the best of my knowledge.
Name: Signature: Date:.....

Official Use Only
Taxpayer No. IRD No.
Received by: Name:..... Signature Date.....
Captured by: Name:..... Signature Date.....