



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

Change of address

Change of name

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Work No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

**NEW NAME**

**First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_**

**Attach Proof of Change (e.g. Marriage Certificate, Deed Poll)**

**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.....**