



**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.....