

**AMENDMENT OF TAXPAYER'S DATA
OR REGISTRATION OF NEW TAXPAYERS (INDIVIDUALS)**

IMPORTANT NOTES:-

1. This form SHOULD be completed and submitted IMMEDIATELY to the Inland Revenue Department when there is a correction or change in the taxpayer's data or upon registration of a new taxpayer.
2. If you are a new taxpayer you should complete ALL the fields applicable to you and submit a copy of your Identity Card or of the relevant Identification Document.
3. **The Identification Data is required when T.I.C. or Identity Card of the Republic are not available.**
4. For any correction or change of data you MUST complete the fields 1, 6a, 10a, 11a as well as the sections you wish to correct or change.

Registration of a New Taxpayer

Amendment of Data

1	Tax Identification Code (T.I.C.) Number	
2	Identity Card of the Republic Number	
3	Social Insurance of the Republic Number	
4	Identification Data TYPE	DETAILS
	Passport (Δ), foreign Identity Card (Τ), foreign T.I.C. (Φ), Social Insurance (Κ)	
5	Deceased Persons: to be completed the Representative/Administrator	Administered:- YES <input type="checkbox"/> NO <input type="checkbox"/>
	Date of Death (DD/MM/YYYY)	
	Representative's / Administrator's Tax Identification Code	
6	a) District Income Tax Office to which you belong:-	
	Nicosia <input type="checkbox"/> Limassol <input type="checkbox"/> Larnaca <input type="checkbox"/> Famagusta <input type="checkbox"/> Paphos <input type="checkbox"/>	
	b) Change of District Income Tax Office. Please indicate the Office of your preference:	
	Nicosia <input type="checkbox"/> Limassol <input type="checkbox"/> Larnaca <input type="checkbox"/> Famagusta <input type="checkbox"/> Paphos <input type="checkbox"/>	
	Reason for request	
7	Commencement Date of your FIRST Activity (DD/MM/YYYY)	
8	Date of Temporary Cessation of Activity (DD/MM/YYYY)	
	Reason for request:-	
9	Date of Recommencement of Activity (DD/MM/YYYY)	
10	a) Name (CAPITAL LETTERS):-	
	b) Change of Name: - New Name	
11	a) Surname (CAPITAL LETTERS):-	
	b) Change of Surname: - New Surname	
12	Date of Birth (DD/MM/YYYY)	Male <input type="checkbox"/> Female <input type="checkbox"/>
13	Nationality and Residence: if you are a <u>new taxpayer</u> you must state your: -	
	Nationality: -	
	Country of usual Residence: -	
14	Taxpayer's Classification Code: - (state your main activity)	
	01. Employee - Public Sector <input type="checkbox"/>	08. Employee without tax deduction <input type="checkbox"/>
	02. Employee - Semi-Gov. Organisation <input type="checkbox"/>	09. Pensioner <input type="checkbox"/>
	03. Employee - Municipalit./Improv. Boards <input type="checkbox"/>	10. Director of Private Company <input type="checkbox"/>
	04. Employee - Private Company <input type="checkbox"/>	21. Self - Employed <input type="checkbox"/>
	05. Employee - International Business Com. <input type="checkbox"/>	92. Individual with Immovable Property obligation ONLY <input type="checkbox"/>
	06. Employee - Sovereign Bases <input type="checkbox"/>	95. Stamp Duty Taxpayer <input type="checkbox"/>
	07. Employee - Other (i.e. Embassies etc) <input type="checkbox"/>	96. Taxpayers with Special Contribution for Defense Refund <input type="checkbox"/>
15	Description of Main Economic Activity: - (to be completed by Self - Employed ONLY)	
	For official use	

16	Marital Status:-	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow/er	<input type="checkbox"/>	Divorced	<input type="checkbox"/>		
		Identity Card Number or Tax Identification Code of Spouse									
17	Details of First / New Representative:-		TERMINATION OF CURRENT REPRESENTATION YES								
		Tax Identification Code (T.I.C.)									
		Name and Surname									
18	Do you prepare audited Accounts								YES		
19	Details of Accountant / Auditor / Audit firm		Tax Identification Code (T.I.C.)								
		Name and Surname									
20	Details as an Employer:-										
		Commencement/Recommencement date as an Employer (DD/MM/YYYY)									
		Termination date as an Employer (DD/MM/YYYY)									
		Number of Employees Employed		<input type="checkbox"/>	Obligation to pay P.A.Y.E:-		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
		Method of submission of I.R.7 form		Form	<input type="checkbox"/>	Diskette	<input type="checkbox"/>	CD	<input type="checkbox"/>		
21	Communication Language:-										
		Greek							<input type="checkbox"/>	Other	<input type="checkbox"/>
22	Home Address (Capital letters) :- Street										
		Number		<input type="checkbox"/>	Appt. No.		<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.			
		Postal Code		<input type="checkbox"/>	Village & Town		<input type="checkbox"/>	Country		<input type="checkbox"/>	
		Electronic Mail Address									
		Home Telephone Number									
		Moble Telephone Number									
23	Business Address (Capital letters) :										
		Same as Home Address							<input type="checkbox"/>		
		Street									
		Number		<input type="checkbox"/>	Office No.		<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.			
		Postal Code		<input type="checkbox"/>	Village & Town		<input type="checkbox"/>	Country		<input type="checkbox"/>	
		Electronic Mail Address									
		Business Telephone Number									
24	Correspondence Address:- In case you select «Other», state either the full address or the P.O. Box No.. In both cases the Postal Code, Village & Town and Country fields are required.										
		To Home Address		<input type="checkbox"/>	To Business Address		<input type="checkbox"/>	Other (Please complete a or b bellow accordingly)			
(a)	Street										
		Number		<input type="checkbox"/>	Appt/Office No.		<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.			
		Postal Code		<input type="checkbox"/>	Village & Town		<input type="checkbox"/>	Country		<input type="checkbox"/>	
(b)	Post Office Box										
		Postal Code		<input type="checkbox"/>	Village & Town		<input type="checkbox"/>	Country		<input type="checkbox"/>	
Bearing in mind the consequences of the Collection of Taxes Law, No. 4 of 1978 as amended, I declare that the information included in this form is true and correct.											
By virtue of the Processing of Personal Data (Protection of Individuals) Law 2001, I authorise the Inland Revenue Departement to obtain, from any other Government Departement or Authority, all information necessary for the purpose of validating the information given herewith.											
		Name					T..C.		<input type="checkbox"/>		
		Status : - Representative / Administrator / Auditor / Accountant:-									
		Signature					Date		<input type="checkbox"/>		
FOR OFFICIAL USE											
		Update Date					<input type="checkbox"/>		<input type="checkbox"/>		
		Officer's Name					<input type="checkbox"/>		Official Stamp		