REVENUE COLLECTION DIVISION

Customer Enquiry Center
Revenue House (Ground Floor)
19 Tavewa Avenue
Lautoka

Phone : 6626600 Fax : 6660570

CHANGE OF ADDRESS

TO BE LODGED WITH THE CUSTOMER ENQUIRY CENTER WHEN CHANGING ADDRESS

1 Tax Identification Number **(TIN)**

2 F.N.P.F. Number

3 Date of Birth

4 Surname **(PLEASE PRINT)** First or given names **(PLEASE PRINT)**

5 Father's Name. **(PLEASE PRINT)**

6 Previous Residential Address. **(PLEASE PRINT)**

7 Current Residential Address **(PLEASE PRINT)**

8 Previous Postal Address **(PLEASE PRINT)**

9 Current Postal Address **(PLEASE PRINT)**

10 Print TaxPayer's Name :

11 TaxPayer's Signature :

12 Date :

[FOR OFFICIAL USE ONLY]

RECEIVING :

(STAMP)

OFFICER'S NAME :

.....

SIGNED : .....

UPDATING :

DATE : ..... / ..... / 20 .....

TIME : ..... AM / PM

OFFICER'S NAME :

.....

SIGNED :

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