REVENUE COLLECTION DIVISION

Customer Enquiry Center
Revenue & Customs
Nasese Complex
Suva

Phone : 3243000

Fax : 3304936
3302130

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 :

.....