



REVENUE COLLECTION DIVISION

Customer Enquiry Center
 Waisomo House (Ground Floor)
 Thurston Street
 Suva

Phone : 3312800
 Ext. : 2210/2211/2222/2302

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 (Indians Only). (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]

<p>RECEIVING :</p> <p>DATE : / / 20</p> <p>TIME : AM / PM</p> <p>OFFICER'S NAME : SIGNED :</p>	<p>UPDATING :</p> <p>DATE : / / 20</p> <p>TIME : AM / PM</p> <p>OFFICER'S NAME : SIGNED :</p>
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