



## **APPLICATION FORM FOR CHANGE TAXPAYER REGISTRATION DETAILS**

(For Company)

1. Please fill in only those that require for update.
2. All fields marked with \* are Mandatory
3. Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN) \* : 

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Company Registration Number \* : 

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Name of Company (English) : 

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(Sinhala) : 

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(Tamil) : 

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Company Type :  Private Limited (Reg. under 1982 Act )  Limited  
 Private Limited (Reg. under 2007 Act)  Guarantee Limited  
 Foreign (Reg. under 1982 Act)  Foreign (Reg. under 2007 Act)

Principal Activity of Business : 

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Business / Project Status :  Active  Inactive  Cancel

Preferred Language :  Sinhala  Tamil  English

*IRD will use this preferred language to send letters, notices, forms and returns*

Preferred Mode of Alert :  SMS  Email

Website URL : 

WWW.
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BOI Registered \* :  Yes  No

BOI Start Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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BOI Expiry Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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Bank Code : 

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*(if taxpayer is a bank)*

### **GROUP COMPANY**

*If you have a parent company, please fill in this section*

Is it a local or foreign group company? :  Local  Foreign

Parent Company Registration No. : 

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Name of Parent Company : 

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If it is a foreign company, please fill in information below.

**ADDRESS**

Address of Parent Company :   
  
  
Country of Incorporation :   
Date of Incorporation : 

D	D	/	M	M	/	Y	Y	Y	Y
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**REGISTERED/ OFFICIAL ADDRESS**

(English)

Premises No. :  Unit No. :   
Address :   
  
 Postal Code :

(Sinhala)

Premises No. :  Unit No. :   
Address :   
  
 Postal Code :

(Tamil)

Premises No. :  Unit No. :   
Address :   
  
 Postal Code :

Province :  District :   
Divisional Secretariat :  Grama Niladhari Division :

**CONTACT DETAILS**

*Please fill in at least 1 contact*

Mobile : 

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 Office : 

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Home : 

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 Email :

**BANK INFORMATION**

Bank Name	:																			
Account Number	:																			

**DIRECTOR INFORMATION**

*If you have more directors who Joined /Resigned or have details to Update, please fill in Appendix B*

New Director :  Yes  No

Director NIC / Passport No. : 

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Full Name : 


Name with Initials : 


Salutation :  Rev.  Prof.  Dr.  Mr.  Ms.

Date of Birth : 

D	D	/	M	M	/	Y	Y	Y	Y
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Last Date on Service : 

D	D	/	M	M	/	Y	Y	Y	Y
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*Applicable if Director has Resigned*

**ADDRESS**

Premises No. :  Unit No. :

Address :   
  
 Postal Code :

**CONTACT DETAILS**

*Please fill in at least 1 contact*

Mobile :  Office :

Home :  Email :

*If you wish to add / update your registered tax type address, please also fill in APPENDIX D (Tax Type Address).*

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. : 

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Designation :

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**AUTHORIZATION \***

I do hereby certify that the particulars furnished by me in this application are true and correct.

Name :

Designation :

National Identity Card / Passport No. : 

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Signature :

Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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*Note: This form to be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.*