

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.

Correct or Change Data

Registration of a New Taxpayer

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 (Greek letters) (Δ, Τ, Φ, Κ, Α) <input type="checkbox"/> Passport (Δ), foreign Identity Card (Τ), foreign T.I.C. (Φ), Social Insurance (Κ), Drivers Licence (Α)	
5	Deceased Persons: to be completed the Representative/Administrator Date of Death (DD/MM/YYYY) Representative's / Administrator's Tax Identification Code	Administered:- YES <input type="checkbox"/> NO <input type="checkbox"/>
6	a) District Income Tax Office to which you are registered: - b) Change of District Income Tax Office. Please indicate the District Income Tax Office of your preference. Reason for request:-	Nicosia <input type="checkbox"/> Limassol <input type="checkbox"/> Larnaca <input type="checkbox"/> Paphos <input type="checkbox"/> Nicosia <input type="checkbox"/> Limassol <input type="checkbox"/> Larnaca <input type="checkbox"/> Paphos <input type="checkbox"/>
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 - Embassies or others 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 <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"/> Widow/er <input type="checkbox"/>	Married <input type="checkbox"/> Divorced <input type="checkbox"/>
	Identity Card Number or Tax Identification Code of Spouse	

17	Representative's/Auditor's/Accountant's data:-	TERMINATION OF CURRENT REPRESENTATION YES <input type="checkbox"/>
	Tax Identification Code (T.I.C.)	
	Name and Surname (CAPITAL LETTERS)	
18	Do you prepare audited Accounts	(to be completed by Self - Employed ONLY) YES <input type="checkbox"/>
19	Details as an Employer:-	(to be completed by Employers ONLY)
	Commencement/Recommencement date as an Employer (DD/MM/YYYY)	
	Termination date as an Employer (DD/MM/YYYY)	
	Number of Employees Employed	
	Are you obliged 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"/>
20	Communication Language :- Greek <input type="checkbox"/>	Other <input type="checkbox"/>
21	Home Address: - Street, Number, Flat No., Village (CAPITAL LETTERS)	
	Postal Code	
	Town / District	
	Electronic Mail Address	@
	Home Telephone Number	
	Mobile Telephone Number	
22	Business Address: -	Same as Home Address <input type="checkbox"/>
	Street, Number, Flat No., Village (CAPITAL LETTERS)	
	Postal Code	
	Town / District	
	Electronic Mail Address	@
	Business Telephone Number	
23	Correspondence Address:- In case you select «Other», state either the full address or the P.O. Box No.. In both cases the Postal Code and Town / District fields are required.	
	Same as Home Address <input type="checkbox"/> Same as Business Address <input type="checkbox"/> Other <input type="checkbox"/> (Complete a or b bellow)	
(a)	Street, Number, Flat No., Village (CAPITAL LETTERS)	
	Postal Code	
	Town / District	
(b)	P. O. Box	Postal Code
	Town / District	
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 Department to obtain, from any other Government Department or Authority, all information necessary for the purpose of validating the information given herewith.		
	Signature	Date
If this form is not completed by the Taxpayer personally, please complete below:-		
	Name	T.I.C.
	Status : - Representative / Administrator / Auditor / Accountant:-	
	Signature	Date
FOR OFFICIAL USE: -		
Update Date		
Officer's Name		Official Stamp