



St. Kitts and Nevis Inland Revenue Department

VAT Application to change Registration Details or Cancel Registration

CHANGE OF REGISTRATION DETAILS

Reason for change in
Registration Details:

CURRENT DATA

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| First Name <div style="border: 1px solid black; height: 15px;"></div> | Middle Name <div style="border: 1px solid black; height: 15px;"></div> | Last Name <div style="border: 1px solid black; height: 15px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name <div style="border: 1px solid black; height: 15px;"></div> | Trade Name <div style="border: 1px solid black; height: 15px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address <div style="border: 1px solid black; height: 15px;"></div> <div style="border: 1px solid black; height: 15px;"></div> <div style="border: 1px solid black; height: 15px;"></div> | Mailing Address <div style="border: 1px solid black; height: 15px;"></div> <div style="border: 1px solid black; height: 15px;"></div> <div style="border: 1px solid black; height: 15px;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NEW DATA

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| Email Address <div style="border: 1px solid black; height: 15px;"></div> | Please tick here if there are other changes required and attach a sheet with details to this form <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CANCELLATION OF REGISTRATION

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Reason for application for cancellation (tick one)
Cessation of business Sale of business as a going concern

Date Taxable Activity will
cease or be sold

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DD/MM/YYYY

Value of Stock on hand

Value of assets on hand

DECLARATION

I declare that the information given on this application form is, to the best of my knowledge, true, correct and complete, and that I have the authority to make this disclosure of the information provided.

Full Name

DD/MM/YYYY

Signature and
Date

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Title

FOR INLAND REVENUE USE ONLY

Received Date

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Effective Date

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Document Number

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Approved By

Position

Date

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DD/MM/YYYY