



**GOVERNMENT OF SAINT LUCIA
INLAND REVENUE DEPARTMENT**

**VALUE ADDED TAX
APPLICATION TO CHANGE REGISTRATION DETAILS
OR CANCEL REGISTRATION**

CHANGE OF REGISTRATION

Reason for change in registration:

CURRENT DATA

Name of Taxpayer	Trade Name of Taxpayer	Establishment Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Mailing Address	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	
Email Address	V.A.T. Taxpayer Account Number	
<input type="text"/>	<input type="text"/>	

NEW DATA

Name of Taxpayer	Trade Name of Taxpayer	Establishment Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Mailing Address	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Telephone Number	Fax Number	
<input type="text"/>	<input type="text"/>	
Email Address	Please tick here if there are other changes required and attach a sheet with details to this form <input type="checkbox"/>	
<input type="text"/>		

CANCELLATION OF REGISTRATION

Name of Taxpayer	Trade Name of Taxpayer	
<input type="text"/>	<input type="text"/>	
Address (of business)	Mailing Address	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Telephone Number	Fax Number	V.A.T. Taxpayer Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Reason for application for cancellation (tick one)	
<input type="text"/>	Cessation of business <input type="checkbox"/> Sale of business as a going concern <input type="checkbox"/>	
Date taxable activity will cease or business will be sold <input type="text"/>	Value of stock on hand <input type="text"/>	Value of assets on hand <input type="text"/>
<small>Day Month Year</small>		

CERTIFICATE

I hereby certify that the information given on this application form is true, correct and complete.

Signature	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>Day Month Year</small>

FOR INLAND REVENUE USE ONLY

Received <input type="text"/>	Effective date <input type="text"/>	Approved by <input type="text"/>	Position <input type="text"/>	Date <input type="text"/>
<small>Day Month Year</small>	<small>Day Month Year</small>			
Document Number <input type="text"/>				