



**THE COMMONWEALTH OF THE BAHAMAS  
VALUE ADDED TAX DEPARTMENT**

**NOTICE IN WRITING OF CHANGE OF CIRCUMSTANCES**

**Non-Individual's Complete this Section (Companies, Partnerships, non-profit, or trust etc.):**

Business Name:

Trade Name:

Business Address:

TIN:

Representative's TIN (if applicable):

**Change of Circumstances**

**Major change: (select those applicable)**

**Minor change: (select those applicable)**

- |  |  |
|--|--|
| <input type="checkbox"/> Organization Type   | <input type="checkbox"/> Real Property Tax Assessment Number |
| <input type="checkbox"/> Registered Business Name                                  | <input type="checkbox"/> Primary Nature of Business          |
| <input type="checkbox"/> Trade Name  | <input type="checkbox"/> Subsidiary Nature of Business       |
| <input type="checkbox"/> Country of Residence                                      | <input type="checkbox"/> E-mail Address                      |
| <input type="checkbox"/> Representative TIN  | <input type="checkbox"/> Telephone Number                    |
| <input type="checkbox"/> Representative Name                                       | <input type="checkbox"/> Mailing Address                     |
| <input type="checkbox"/> Relation to the registrant                                | <input type="checkbox"/> Directors Information               |
| <input type="checkbox"/> Business Address  | <input type="checkbox"/> Partners                            |
| <input type="checkbox"/> Banking Information                                       | <input type="checkbox"/> Major Shareholders Information      |
| <input type="checkbox"/> Branch Information (Business branch)                      |  |
| <input type="checkbox"/> Business Cessation (Provide cessation date if applicable) |  |

Provide details of the change of circumstance(s):

*Attach relevant documentation in support of change of circumstances.*

We hereby declare that the information provided is true, correct and complete to the best of our knowledge and belief, and that we have the authority to make this disclosure of information and declaration.

Full Name

Registrant Signature

Date (dd/mm/yyyy)

Representative Full Name (if applicable)

Representative Signature (if applicable)

Date(dd/mm/yyyy)

**Individual's Complete this Section (Sole trader/proprietor or self-employed):**

Proprietor Name:

Trade Name:

Business Address:

TIN:

Representative's TIN (if applicable):

**Change of Circumstances**

**Major change: (select those applicable)**

**Minor change: (select those applicable)**

- |  |  |
|--|--|
| <input type="checkbox"/> Organization Type   | <input type="checkbox"/> Title                               |
| <input type="checkbox"/> First Name  | <input type="checkbox"/> Real Property Tax Assessment Number |
| <input type="checkbox"/> Middle Name   | <input type="checkbox"/> Primary Nature of Business          |
| <input type="checkbox"/> Last Name   | <input type="checkbox"/> Subsidiary Nature of Business       |
| <input type="checkbox"/> Country of Residence                                      | <input type="checkbox"/> E-mail Address                      |
| <input type="checkbox"/> Representative Name                                       | <input type="checkbox"/> Telephone Number                    |
| <input type="checkbox"/> Relation to the registrant                                | <input type="checkbox"/> Home Address                        |
| <input type="checkbox"/> Business Address  | <input type="checkbox"/> Mailing Address                     |
| <input type="checkbox"/> Banking Information                                       |  |
| <input type="checkbox"/> Branch Information (Business branch)                      |  |
| <input type="checkbox"/> Business Cessation (Provide cessation date if applicable) |  |

Provide details of the change of circumstance(s):

*Attach relevant documentation in support of change of circumstances.*

We hereby declare that the information provided is true, correct and complete to the best of our knowledge and belief, and that we have the authority to make this disclosure of information and declaration.

Full Name

Representative Full Name (if applicable)

Registrant Signature

Representative Signature (if applicable)

Date (dd/mm/yyyy)

Date(dd/mm/yyyy)