



DEPARTMENT OF  
INLAND REVENUE  
*Central Revenue Administration*

# CUSTOMER DETAILS

ASSESSMENT NUMBER: \_\_\_\_\_

FULL NAME (conveyance): \_\_\_\_\_

D.O.B: \_\_\_\_\_

month/date/year

NIB #: \_\_\_\_\_

PASSPORT (Name/Number): \_\_\_\_\_

ADDRESS (Sub/Street): \_\_\_\_\_

HOUSE NO: \_\_\_\_\_ LOT NO: \_\_\_\_\_ BLOCK NO: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ TIN NO: \_\_\_\_\_

HOME CONTACT: \_\_\_\_\_ WORK CONTACT: \_\_\_\_\_

CELL CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## **FOR OFFICIAL USE ONLY**

NAME CHANGE  NEW REGISTRATION  POSTAL CHANGE  DOCUMENTS

SECTION: \_\_\_\_\_

NAME (print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_