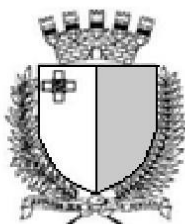


Inland Revenue Department – Malta

Tel: 153

email: taxpayerservice.ird@gov.mt

url: www.ird.gov.mt



REQUEST FOR CHANGE OF ADDRESS

Tax Reference Number: _____

I, _____, the undersigned, hereby
request to have my address changed as shown:

PREVIOUS ADDRESS (BLOCK LETTERS)

House No./Name	
Street	
Locality	
Postcode	
Country	

NEW ADDRESS (BLOCK LETTERS)

House No./Name	
Street	
Locality	
Postcode	
Country	

Signature: _____

Date: _____

The Inland Revenue Department uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Inland Revenue Department unless permitted by law. The Inland Revenue Department treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy.