



<b>CURRENT TAX OFFICE</b>	
File Identification number	Date of incorporation
Name of Business	
Business registration number	Files to be transferred
Postal Address	
Mobile number	
E-Mail address	

**TRANSFER TO**

<b>NEW TAX OFFICE</b>	
File Identification number	
Name of Business	
Business registration number	
Postal Address	
Mobile number	
E-Mail address	

**Declaration:** I hereby declare that the details furnished above are true and correct to the best of my knowledge and undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I further authorize that all my tax files indicated above be transferred to my new tax offices.

Authorised signature

Effective date of transfer

**FOR OFFICE USE ONLY**

Confirmation sent to Accounting Officer