TAX & CUSTOMS ADMINISTRATION MALTA

REQUEST FOR CHANGE OF ADDRESS

[1*]Tax Reference Number: _____

[2*]P.E. Number: _____ Business Name: _____

I, _____, the undersigned, hereby request for a change of address as described:

PREVIOUS ADDRESS (BLOCK LETTERS)	
House Number/Name	
Street	
Locality	
Post Code	
Country	

INDIRIZZ ĠDID (BLOCK LETTERS)	
House Number/Name	
Street	
Locality	
Post Code	
Country	

Signature: _____

Date: _____

1* - For the case of Individuals, the Tax Reference is the ID number or Income Tax number.
- For the case of Employers, Corps of People (e.g. Clubs, Associations), the Tax Reference is the Income Tax number.
2* - The P.E. Number and Business Name is required only the change in address belongs to an employer.

See the Office's Data Protection Policy on mtca.gov.mt