## SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

## **CHANGE OF REGISTRATION DETAILS SUPPLEMENTAL**

## **SECTION 3 - PARTNERSHIP / OWNERSHIP DETAILS CONTINUED**

	LAST NAME:			FIRST NAME:		
	MIDDLE NAMES:					
	MAILING ADDRESS:					
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK :	<u></u>		MOBILE :	
	E-MAIL ADDRESS:					
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	LAST NAME:			FIRST NAME:		
	MIDDLE NAMES:					
	MAILING ADDRESS:					
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK:	<u> </u>		MOBILE :	
	E-MAIL ADDRESS:					
	Г					
	LAST NAME:			FIRST NAME:		
	MIDDLE NAMES:					
	MAILING ADDRESS:			Г		
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK:			MOBILE :	
	E-MAIL ADDRESS:					
$\overline{}$	LAST NAME:			FIRST NAME:		
	MIDDLE NAMES:			TINOT NAME.		
	MAILING ADDRESS:					
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK:		CODE.	MOBILE :	
	E-MAIL ADDRESS:	WORK.			MOBILE .	
	E-MAIL ADDRESS.					
	LAST NAME:			FIRST NAME:		
•	MIDDLE NAMES:			FIRST NAME.		
	CITY / TOWN / VILLAGE:	MAILING ADDRESS:  TY / TOWN / VILLAGE:  PARISH:				
	COUNTRY:			Ĺ		
		WORK:		CODE:	MODILE	
	HOME PHONE:	WORK:			MOBILE :	
	E-MAIL ADDRESS:					

Attach supplemental form with additional names and details as necessary.