## 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:			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:			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:					
				EIDOT NAME		
	LAST NAME:			FIRST NAME:		
MAULING ADDRESS:						
	MAILING ADDRESS:					
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK:			MOBILE :	
	E-MAIL ADDRESS:					
	[					
	LAST NAME:			FIRST NAME:		
	MIDDLE NAMES:					
	Ĺ	MAILING ADDRESS:				
	CITY / TOWN / VILLAGE:			PARISH:		
	COUNTRY:			CODE:		
	HOME PHONE:	WORK:			MOBILE :	
	E-MAIL ADDRESS:					

Attach supplemental form with additional names and details as necessary.