

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT

CHANGE OF REGISTRATION DETAILS SUPPLEMENTAL

SECTION 3 - PARTNERSHIP / OWNERSHIP DETAILS CONTINUED

<input type="checkbox"/>	LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
	MIDDLE NAMES:	<input type="text"/>		
	MAILING ADDRESS:	<input type="text"/>		
	CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
	COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
	HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
			MOBILE :	<input type="text"/>
	E-MAIL ADDRESS:	<input type="text"/>		

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	MIDDLE NAMES:	<input type="text"/>		
	MAILING ADDRESS:	<input type="text"/>		
	CITY / TOWN / VILLAGE:	<input type="text"/>	PARISH:	<input type="text"/>
	COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
	HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
			MOBILE :	<input type="text"/>
	E-MAIL ADDRESS:	<input type="text"/>		

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	COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
	HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
			MOBILE :	<input type="text"/>
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	COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
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	COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
	HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
			MOBILE :	<input type="text"/>
	E-MAIL ADDRESS:	<input type="text"/>		

Attach supplemental form with additional names and details as necessary.