



**GOVERNMENT OF ANTIGUA AND BARBUDA  
INLAND REVENUE DEPARTMENT**

**Antigua & Barbuda Sales Tax  
Application to Change Registration Details  
or Cancel Registration**

**CHANGE OF REGISTRATION**

Reason for change in registration:

**CURRENT DATA**

Name of Taxpayer

Trade Name of Taxpayer

Establishment Name

Address

  
  


Mailing Address

  
  


Telephone Number

Fax Number

Email Address

Taxpayer Identification Number (TIN)

**NEW DATA**

Name of Taxpayer

Trade Name of Taxpayer

Establishment Name

Address

  
  


Mailing Address

  
  


Telephone Number

Fax Number

Email Address

Please tick here if there are other changes required and attach a sheet with details to this form

**CANCELLATION OF REGISTRATION**

Name of Taxpayer

Trade Name of Taxpayer

Address (of business)

  
  


Mailing Address

  
  


Telephone Number

Fax Number

Taxpayer Identification Number

Email Address

**Reason for application for cancellation (tick one)**

Cessation of business  Sale of business as a going concern

Date taxable activity will cease or business will be sold   
Day Month Year

Value of stock on hand

Value of assets on hand

**DECLARATION**

I  hereby declare that the information given on this application form is true, correct and complete.

Signature

Title

Date

  
Day Month Year

**FOR INLAND REVENUE USE ONLY**

Received

  
Day Month Year

Effective date

  
Day Month Year

Approved by

Position

Date

  
Day Month Year

Document Number