

Office of the Commissioner for Revenue

Tel: (00356) 153 email: fss.cfr@gov.mt url: www.cfr.gov.mt



REQUEST FOR CHANGE OF ADDRESS

PE No: _____

I, _____, the undersigned, on my own behalf/on behalf of _____ hereby request to have the address of the above PE number changed as shown:

PREVIOUS ADDRESS (BLOCK LETTERS)

House No./Name	
Street	
Locality	
Postcode	
Country	

NEW ADDRESS (BLOCK LETTERS)

House No./Name	
Street	
Locality	
Postcode	
Country	

Signature: _____

Date: _____

The Office of the Commissioner for Revenue uses the information provided, to process this form in accordance with the Income Tax Acts and subsidiary legislation. We may check information provided by you, or information about you provided by a third party, with other information held by us. We will not disclose information about you to anyone outside the Office of the Commissioner for Revenue unless permitted by law. The Office of the Commissioner for Revenue treats your personal information in accordance with the Data Protection Act 2001 (Cap 440) to protect your privacy.