

# 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"/>			

<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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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"/>	
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.*