


NEW/CHANGE ADDRESS FORM GOVERNMENT OF BERMUDA		
		
APPLICANT DATA		
<b>Please print in CAPITAL LETTERS and use BLACK OR BLUE INK</b> <b>Applicant:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Business		
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Trading Name:</b>		
<b>Legal Entity Name:</b> (If Different)		
<b>Company Tax ID/ Registration Number:</b>	<b>Social Insurance Number:</b>	<b>Employee Number:</b>
<b>Business/ Home Address</b> (include Postal Code)		
<b>Mailing Address</b> (if different from above)		
<b>Phone Number:</b> (include area code)	<b>Alternate Cellular Phone</b> (include area code)	
<b>E-Mail Address:</b>		
<b>SIC Code:</b> (Category Code 1)		
IDENTIFICATION INFORMATION (FOR INDIVIDUALS ONLY)		
Date of Birth: (DD/MM/YYYY)		
<b>Choose one form of Identification and enter the ID Number.</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Voters ID <input type="checkbox"/> Passport <input type="checkbox"/> Other		
ID No.	ID Country Of Issue	ID Expiry Date (DD/MM/YYYY)
IDENTIFICATION INFORMATION FOR BUSINESS		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Consultant <input type="checkbox"/> Specified Business		

**NEW/CHANGE ADDRESS FORM  
GOVERNMENT OF BERMUDA**



Country/State of Incorporation:

Date Incorporated:

Tax ID number:

Company Officers or Partners:

Name: \_\_\_\_\_

Title \_\_\_\_\_

Name: \_\_\_\_\_

Title \_\_\_\_\_

**BANK INFORMATION**

Bank Name:

Bank Address:

Sort Code/ ABA /Transit#:

SWIFT Code:

Account Number:

IBAN Number:

Account Type: Savings Checking

Currency:

**I authorize Government of Bermuda to verify the information provided on this form (1) to confirm my identity (2) to augment and update currently held information; (3) to provide me with accurate payment; (4) to manage and assess the company's risk; (5) to satisfy information requests; and (6) to meet legal and regulatory requirements.**

\_\_\_\_\_  
Authorized Person (Print)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Date (DD/MM/YYYY)

**NEW/CHANGE ADDRESS FORM  
GOVERNMENT OF BERMUDA**



**FOR GOVERNMENT DEPARTMENT OFFICAL USE ONLY**

Vendor # \_\_\_\_\_

Business Unit \_\_\_\_\_

Authorized By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Entered By: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Date Received

Date Authorized

Date Entered

(DD/MM/YYYY)

(DD/MM/YYYY)

(DD/MM/YYYY)

**CHECK of GOVERNMENT INDEBTEDNESS:**

**Tax Commissioner**    **Social Insurance Accountant**    **General/Debt Collection**

In accordance with section 8.2 of Finance Instructions: If debt exists, arrangement for repayment must be agreed upon before submission of New/Change Address Book Form