

APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUEST FOR TAX CODE CARD/DUPLICATE OF NATIONAL HEALTH SYSTEM CARD (NATURAL PERSONS)

PART A Section I Applicant type	<input type="checkbox"/> <b>D</b> DIRECT APPLICATION FOR YOURSELF		<input type="checkbox"/> <b>T</b> APPLICATION FOR A THIRD PARTY		APPLICANT TYPE CODE <small>(only for the allocation of a tax code)</small>	<input type="text"/>
	Section II Application type	<input type="checkbox"/> <b>1</b> ALLOCATION OF A TAX CODE		<input type="checkbox"/> REQUEST FOR A TAX CODE CARD		
		<input type="checkbox"/> <b>2</b> CHANGE OF DETAILS		TAX CODE		
		<input type="checkbox"/> <b>3</b> NOTIFICATION OF DEATH		TAX CODE		DATE OF DEATH
		<input type="checkbox"/> <b>4</b> REQUEST FOR TAX CODE CERTIFICATE		TAX CODE		
<input type="checkbox"/> <b>5</b> REQUEST FOR DUPLICATE OF TAX CODE CARD/NATIONAL HEALTH SYSTEM CARD		TAX CODE		REASON		
PART B Personal details	SURNAME		NAME		SEX	
	MUNICIPALITY OF BIRTH (or Foreign State)			PROVINCE	DATE OF BIRTH	
PART C Registered residence/ Tax domicile	MUNICIPALITY				PROVINCE	POSTCODE
	TYPE (street, square, etc.)		ADDRESS			
	HOUSE NUMBER		AREA/OTHER			
PART D Residence overseas	FOREIGN STATE		FEDERAL STATE, PROVINCE, COUNTY			
	TOWN OF RESIDENCE			POSTCODE		
	ADDRESS					
PART E Other possible tax codes allocated	TAX CODE					
	TAX CODE					
DOCUMENTS ENCLOSED						
SIGNATURES	APPLICANT TAX CODE FOR NON-NATURAL PERSONS		TAX CODE OF SIGNEE			
	DATE	SIGNATURE				
DELEGATE	Signee		delegate			
	born in		on			
			TAX CODE			
I am submitting the form on this person's behalf and shall collect any possible certification issued by the office						
DATE		SIGNATURE				