

16	Marital Status:-	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow/er	<input type="checkbox"/>	Divorced	<input type="checkbox"/>			
						Identity Card Number or Tax Identification Code of Spouse						
17	Details of First / New Representative:-					TERMINATION OF CURRENT REPRESENTATION YES						
						Tax Identification Code (T.I.C.)						
						Name and Surname						
18	Do you prepare audited Accounts								YES			
19	Details of Accountant / Auditor / Audit firm					Tax Identification Code (T.I.C.)						
						Name and Surname						
20	Details as an Employer:-											
						Commencement/Recommencement date as an Employer (DD/MM/YYYY)						
						Termination date as an Employer (DD/MM/YYYY)						
			Number of Employees Employed	<input type="checkbox"/>	Obligation to pay P.A.Y.E:-	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
			Method of submission of I.R.7 form	Form	<input type="checkbox"/>	Diskette	<input type="checkbox"/>	CD	<input type="checkbox"/>			
21	Communication Language:-								Greek	<input type="checkbox"/>	Other	<input type="checkbox"/>
22	Home Address (Capital letters) :- Street											
		Number	<input type="checkbox"/>	Appt. No.	<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.						
		Postal Code	<input type="checkbox"/>	Village & Town	<input type="checkbox"/>	Country	<input type="checkbox"/>					
		Electronic Mail Address									@	
		Home Telephone Number										
		Moble Telephone Number										
23	Business Address (Capital letters) :											
						Same as Home Address						
Street												
		Number	<input type="checkbox"/>	Office No.	<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.						
		Postal Code	<input type="checkbox"/>	Village & Town	<input type="checkbox"/>	Country	<input type="checkbox"/>					
		Electronic Mail Address									@	
		Business Telephone Number										
24	Correspondence Address:- In case you select «Other», state either the full address or the P.O. Box No.. In both cases the Postal Code, Village & Town and Country fields are required.											
		To Home Address	<input type="checkbox"/>	To Business Address	<input type="checkbox"/>	Other (Please complete a or b bellow accordingly)				<input type="checkbox"/>		
(a)	Street											
		Number	<input type="checkbox"/>	Appt/Office No.	<input type="checkbox"/>	DO NOT include building names in Streets or Villalges & Towns.						
		Postal Code	<input type="checkbox"/>	Village & Town	<input type="checkbox"/>	Country	<input type="checkbox"/>					
(b)	Post Office Box											
		Postal Code	<input type="checkbox"/>	Village & Town	<input type="checkbox"/>	Country	<input type="checkbox"/>					
Bearing in mind the consequences of the Collection of Taxes Law, No. 4 of 1978 as amended, I declare that the information included in this form is true and correct.												
By virtue of the Processing of Personal Data (Protection of Individuals) Law 2001, I authorise the Inland Revenue Departement to obtain, from any other Government Departement or Authority, all information necessary for the purpose of validating the information given herewith.												
Name						T..C.						
Status : - Representative / Administrator / Auditor / Accountant:-												
Signature						Date						
FOR OFFICIAL USE												
Update Date												
Officer's Name												
										Official Stamp		