

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