

**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 **D** DIRECT APPLICATION FOR YOURSELF **T** APPLICATION FOR A THIRD PARTY **APPLICANT TYPE CODE** (only for the allocation of a tax code)

**Section II**  
 Application type

**1** ALLOCATION OF A TAX CODE **REQUEST FOR A TAX CODE CARD**

**2** CHANGE OF DETAILS **TAX CODE**

**3** NOTIFICATION OF DEATH **TAX CODE** **DATE OF DEATH**

**4** REQUEST FOR TAX CODE CERTIFICATE **TAX CODE**

**5** 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 SIGNED**

**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**

MAKE A COPY OF YOUR ID (PASSPORT WITH VISA OR RESIDENT PERMIT)