

MINISTRY OF FINANCE  
INLAND REVENUE DIVISION  
INFORMATION UPDATE FORM  
PARTNERSHIPS

**Instructions:**

1. This form must be completed by the Principal Partner or other duly authorised Partner. In addition, please provide a copy of your identification e.g. identification card, passport or driver's permit.
2. Please provide documentary evidence to support any change.
3. For questions which are not applicable, indicate by "N/A" in the relevant space.



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF FINANCE  
INLAND REVENUE DIVISION

**Information Update Form  
Partnerships**

**Please print in block letters**

**Use black ink only**

BIR No.	PAYE No. (If applicable)	VAT No. (If applicable)	
New Legal Name			
Prior Legal Name			
New Trade Name			
Prior Trade Name			
Nature of Business		Date of Registration (dd/mm/yyyy)	
Date of Commencement of Business(dd/mm/yyyy)		Telephone No.	
Email Address			
New Business Address		Prior Business Address	
New Mailing Address		Prior Mailing Address	
Partners			
Name	Telephone No.	BIR No.	ID No.
Other Information (As Applicable)			

Name Of Partner/Authorised Officer (Block Letters) \_\_\_\_\_

Identification No.: ID  DP  PP  \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**KINDLY SUBMIT COMPLETED FORM TO A DISTRICT REVENUE OR REGIONAL OFFICE.**

<b>FOR OFFICIAL USE</b>	NAME OF OFFICER:	APPROVED BY (NAME):
	POSITION:	SIGNATURE:
	SECTION:	DATE APPROVED:
	DATE COMPLETED:	



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