

Change of address details

Taxes Office



Please fill out this form as soon as possible when you change your address. We need your new address because we send out information throughout the year and you may miss an important document or letter.

Your details

Title	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Tax reference	<input type="text"/>
Social Security no.	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>

Your new address

Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Parish	<input type="text"/>
Postcode	<input type="text"/>

Your old address

Address line 1	<input type="text"/>
Postcode	<input type="text"/>

Contact details

Tel no	<input type="text"/>
--------	----------------------

Declaration

I declare that the information provided on this form is true and complete.
Once you have completed this form, please print, sign and return it to the address below.

Signed	<input type="text"/>
--------	----------------------

Date	<input type="text"/> <input type="text"/> <input type="text"/>
------	--

Taxes Office helpdesk, Cyril Le Marquand House, PO Box 56, St Helier, Jersey, JE4 8PF
Tel no: +44 (0) 1534 440300 | Opening hours: Monday to Friday 9am to 5pm

Office use only	Signature checked <input type="checkbox"/>	Officer initial <input type="text"/>
------------------------	--	--------------------------------------