**This form is free to file with the Exchequer. If you wish to receive a digital notification of your new TPSN, please supply an email address.**

*WARNING: Any false statement or concealment of material fact may result in criminal prosecution or your permanent exclusion from the Republic of the Kingdom of Loquntia. You may also be interviewed by a consular officer.*

**DATE FILLED OUT CONSULATE / PORT / EMBASSY / POST**

1. 1b.

**FAMILY NAME GIVEN NAME**

2. 2b.

**DATE OF BIRTH PLACE OF BIRTH** *Do not abbreviate.*

3.3b.

**RACE EYE COLOR DISTINCTIVE MARKS** *Tattoos, scars, etc.*

4. 4b. 4c.

**SERVICE REQUESTED**

5.**Replacement Number** **Replacement Card** **Non-Citizen TPSN Request**

**PLACE OF RESIDENCE OR EMAIL ADDRESS** *Please do not abbreviate, this is where your new number will be sent.*

6.

**CITIZENSHIP / IMMIGRATION Nº**

10.  **-**   **-**   **-**   **-**  

**TAXABLE PERSON’S SERIAL Nº** *Only if you have one.* **SPECIAL AGENT CODE** *Government personnel only.*

11.   *If you do not have one, one will be provided to you.* 11b.

**REASON FOR SERVICE** *Please fill out this section if you know how to write.*

 **The applicant has probable cause to believe that the security of their Taxable Person’s Serial Number has been, is being, or will have been compromised and that the number may be used by another person for fraudulent intent.**

 **The applicant is a non-resident or resident alien and wishes to be a student. (TPSN-S will be requested, expires 720 days after issue)**

 **The applicant does not have a Taxable Person’s Serial Number.**

 **Other:** 12b.

**  STOP  **

Look back and make sure you have answered every question fully and truthfully.

**ANTI-PERJURY AGREEMENT**

I, the undersigned hereby certify that I believe all of the information I have supplied on this form to be true and I certify truly that the person listed above is who they say they are and the information supplied about them is accurate and true; I also understand that any false information recorded on this form or any of the attached documents is perjury and that I may be punished by a fine exceeding ₰50 but not exceeding ₰500, imprisonment not exceeding five years, or both.

**NAME OF SCRIBE** *Please write full legal name*



**SIGNATURE OF SCRIBE DATE SIGNED**

 