

**TAX PAYERS UPDATE FORM**

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| **SECTION A**  **COMPANY DETAILS** | | |
| 1 | Name of Company: |  |
| 2 | RC/BN Number: |  |
| 3 | FIRS TIN Number |  |
| 4 | Nature of Business/ Line of Business: |  |
| 5 | Company Address: |  |
| 6 | Company Phone Number: |  |
| 7 | Company Email Address: |  |
| 8 | Commencement Date: |  |
| 9 | Accounting Year End: |  |
| **SECTION B**  **E-SERVICES** | | |
| 10 | Name of Authorized Person(s) |  |
| 11 | Email Address: |  |
| 12 | Phone Number: |  |
| 13 | Designation: |  |
| **SECTION C**  **DETAILS OF TAX REPRESENTIVE(OPTIONAL)** | | |
| 14 | Names: |  |
| 15 | Email Address: |  |
| 16 | Phone Number: |  |
| 17 | Designation: |  |
| 18 | Authorized Signature  (CEO, Company Rep, Tax Consultant) |  |

**Welcome to Metripreneur Consult! Please complete the form above and submit it to** [***metripreneur-consult@gmail.com***](mailto:metripreneur-consult@gmail.com)**. Once we receive your submission, our team will begin working with the information you've provided. Please note that our focus is on the data (information) you submit.**

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