



DEPARTMENT OF GENERAL SALES TAX
APPLICATION TO CHANGE STATUS DETAILS
OR CANCEL REGISTRATION

GST 109

CHANGE OF STATUS

Taxpayer Identification Number

Reason for change in registration:

CURRENT DATA

Name of Taxpayer Trade Name of Taxpayer

Address: Mailing Address:

Telephone Number: Email Address:

Fax Number: Primary Activity

NEW DATA

Name of Taxpayer Trade Name of Taxpayer

Address: Mailing Address:

Telephone Number: Email Address:

Fax Number: Primary Activity

Please tick here if there are other changes required and attach a sheet with details to this form

CANCELLATION OF REGISTRATION

Taxpayer Identification Number:

Name of Taxpayer Trade Name of Taxpayer

Address: Mailing Address:

Telephone Number: Fax Number:

Email Address:

Reason for application for cancellation (tick one)

Date taxable activity will cease or business will be sold day/month/year
Cessation of business Sale of business as a going concern

Value of stock on hand Value of assests on hand

DECLARATION

I hereby declare that the information given on this application form is true, correct and complete.

Signature Title Date:

FOR GST USE ONLY

Date Received Effective Date

Approved by Position Document Number