



14	<b>Details of First / New Representative: -</b>		<b>TERMINATION OF CURRENT REPRESENTATION</b>		<b>YES</b>	
	Tax Identification Code:-					
	Name and Surname / Business Name:-					
15	<b>Details of Auditor / Audit Firm:-</b>		Tax Identification Code:-			
	Name and Surname / Business Name:-					
16	<b>Details of the person held responsible under the Law:-</b>		Tax Identification Code:-			
	Name and Surname / Business Name:-					
17	<b>Details as an Employer:-</b>					
	Commencement/Recommencement date as an Employer (DD/MM/YYYY)					
	Termination date as an Employer (DD/MM/YYYY)					
	Number of Employees Employed	<input type="text"/>	Obligation to pay P.A.Y.E:-	YES	<input type="text"/>	NO
	Method of submission of I.R.7 form	Form	<input type="text"/>	Diskette	<input type="text"/>	CD
18	<b>Communication Language:-</b>		Greek	<input type="text"/>	Other	<input type="text"/>
19	<b>Business Address (CAPITALS):-</b>		Street			
	Number	<input type="text"/>	Office No.	<input type="text"/>	<b>DO NOT</b> include building names in Address.	
	Postal Code	<input type="text"/>	Village & Town	<input type="text"/>	Country	<input type="text"/>
	Electronic Mail Address	<input type="text"/> @ <input type="text"/>				
	Business Telephone Number		<input type="text"/>			
20	<b>Registered Office's Address (CAPITALS):-</b>		<b>Same as Business Address</b>			
	Street		<input type="text"/>			
	Number	<input type="text"/>	Office No.	<input type="text"/>	<b>DO NOT</b> include building names in Address.	
	Postal Code	<input type="text"/>	Village & Town	<input type="text"/>	Country	<input type="text"/>
	Registered Office's Telephone Number		<input type="text"/>			
21	<b>Correspondence Address (CAPITALS):-</b>		In case you select «Other», state <b>either</b> the full address <b>or</b> the P.O. Box No.. In both cases the "Postal Code", "Village & Town" and "Country" information is required.			
	To Business Address	<input type="text"/>	To Registered Address	<input type="text"/>	Other (Please complete a or b bellow accordingly)	
(a)	Street		<input type="text"/>			
	Number	<input type="text"/>	Office No./Appt	<input type="text"/>	<b>DO NOT</b> include building names in Address.	
	Postal Code	<input type="text"/>	Village & Town	<input type="text"/>	Country	<input type="text"/>
(b)	P.O. Box Number		<input type="text"/>			
	Postal Code	<input type="text"/>	Village & Town	<input type="text"/>	Country	<input type="text"/>
Bearing in mind the consequences of the Collection of Taxes Law, No. 4 of 1978 as amended, I declare that all the information included in this form is true and correct.						
Name and Surname/ Business		<input type="text"/>			T.I.C.	<input type="text"/>
Signature		<input type="text"/>			Date	<input type="text"/>
<b>FOR OFFICIAL USE:-</b>						
Update Date:-		<input type="text"/>				
Officer's Name and Surname:-		<input type="text"/>			Official Stamp	