



# Notification change of address Abroad

## Why this form?

Use this form to inform the Tax administration of a change of home address abroad, your correspondence address and/or PO Box.

### Completing and returning the form

Send the completed form in a sufficiently stamped envelope to:  
Belastingdienst/kantoor Buitenland/klantenregistratie  
Postbus 2892  
6401 DJ Heerlen  
The Netherlands

### Privacy

We treat the data of citizens and companies and your privacy with care. Please visit [belastingdienst.nl/privacy](http://belastingdienst.nl/privacy) and see how we do this.

### More information

For more information go to [www.belastingdienst.nl](http://www.belastingdienst.nl).  
Or call the Tax Information Line Non-resident Tax Issues:  
+ 31 555 385 385, from Monday to Thursday from 8.00 a.m. to 8.00 p.m. and on Fridays from 8.00 a.m. to 5.00 p.m.

## 1 Your details

1a	Name	<input type="text"/>	Infix (for example van der, de)	<input type="text"/>
1b	Last name (also state your maiden name if applicable)	<input type="text"/>		
1c	Citizen service number (BSN)	<input type="text"/>		
1d	Telephone number	<input type="text"/>		

If you have a new home address, please fill in sections 2 and 3. In case of a (new) correspondence address or PO Box, please fill in sections 4 and 5.

## 2 Your new home address

2a	Commencement date	<input type="text"/> - <input type="text"/> - <input type="text"/>
2b	Street	<input type="text"/>
2c	House number (only fill in the number)	<input type="text"/> Suffix (for example a, bis) <input type="text"/>
2d	Postal code	<input type="text"/>
2e	Town	<input type="text"/>
2f	Country	<input type="text"/>

## 3 Household members also moving to the new home address

3a	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
3b	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
3c	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
3d	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>



If you would like to receive your correspondence at an address other than your home address, or if you want to change your current correspondence address or PO Box, please fill in sections 4 and 5. If not, you can sign the form.

#### 4 Your (new) correspondence address or PO Box

4a	Commencement date	<input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>	
4b	To the attention of (enter the name of the person or organisation that should receive the correspondence)	<input type="text"/>	
4c	Becon number (only fill this in if your Dutch tax consultant has this 6-digit registration number)	<input type="text"/>	
4d	Street name correspondence address	<input type="text"/>	
4e	House number (only fill in the number)	Suffix (for example a, bis)	<input type="text"/>
4f	PO Box (only fill in the number)	<input type="text"/>	
4g	Postal code	<input type="text"/>	
4h	Town	<input type="text"/>	
4i	Country	<input type="text"/>	
4j	Does your correspondence address or PO Box apply for all your taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No, my correspondence address or PO Box only applies to: <input type="checkbox"/> Income tax and motor vehicle tax <input type="checkbox"/> Turnover tax <input type="checkbox"/> Wage taxes	

#### 5 Other housemates to whom your (new) correspondence address or PO Box also applies

5a	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
5b	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
5c	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>
5d	Citizen service number (BSN)	<input type="text"/>	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>

#### 6 Signature

Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
Signature (write in the box)	<input type="text"/>
Name of the signatory (fill in your initials and last name)	<input type="text"/>

