



**Application
for
VAT Revising Phor.Por.09
by Fiscal Code**

To Revenue Area.....
 Revenue Area Branch.....
 Director of Bureau of Large Business TAX Administration

1. **Name of Establishment**..... **TAX ID**

Name and Address of Head Office: Name and Address of Establishment

Address: Building.....Room.....Floor.....Village.....No.....Village No.....

Lane/Alley.....Road.....Sub-district/Sub-area.....

District/Area.....Province.....Post Code Telephone.....

The purpose for revising :

- (1) Move establishment within the same unit
- (2) Move establishment difference unit move in/out
 - Move out Move in
- (3) Cancel, Transfer, Merge business
- (4) Transfer some part
- (5) Change type of business
- (6) Increase branch
- (7) Decrease branch
- (8) Note Change Establishment

Received Number
 Received Date
 Registrar

- (9) Rename establishment
- (10) Stop doing business Temporary for 30 days
- (11) Establishment registered as person has pass a way
- (12) Change other (specify)

2. **Detail of move establishment difference unit:** Head Office Branch No. Date (DD/MM/YY).....

From address: Building.....Room.....Floor.....Village.....No.....Village No.....

Lane/Alley.....Road.....Sub-district/Sub-area.....

District/Area.....Province.....Post Code Telephone.....

To address: Building.....Room.....Floor.....Village.....No.....Village No.....

Lane/Alley.....Road.....Sub-district/Sub-area.....

District/Area.....Province.....Post Code Telephone.....

(If move establishment more than 1, please use Phor.Por09 for each establishment)

3. **Detail of Cancel, Transfer, Merge business:**

3.1 Cancel Business: Date (DD/MM/YY).....

Comptroller name..... Identity number

3.2 Transfer Business: Date (DD/MM/YY).....

Transfer to: Receive from:

TAX ID

Address: Building.....Room.....Floor.....Village.....No.....Village No.....

Lane/Alley.....Road.....Sub-district/Sub-area.....

District/Area.....Province.....Post Code Telephone.....

3.3 Merge Business: Date (DD/MM/YY)..... Number of company/limited partnership which merge together.....

merge with the name.....

TAX ID

Address: Building.....Room.....Floor.....Village.....No.....Village No.....

Lane/Alley.....Road.....Sub-district/Sub-area.....

District/Area.....Province.....Post Code Telephone.....

merge to be company or limited partnership name.....

TAX ID

(If merge more than 1, please use other paper)

On cancel/transfer/merge business, there are:

- (1) Income which not paid TAX yet.....Baht (4) Other property depend on marketing price.....Baht
 (2) Stock of products depend on marketing price.....Baht (5) Debtor (For who has to pay TAX only).....Baht
 (3) Machinery depend on marketing price.....Baht (6) Devil Debtor.....Baht

4. Detail of business transfer: Date (DD/MM/YY).....

Transfer to: Receive from:

TAX ID

Address: Building.....Room.....Floor.....Village.....No.....Village No.....
 Lane/Alley.....Road.....Sub-district/Sub-area.....
 District/Area.....Province.....Post Code Telephone.....

5. Detail for Modification of Business Type: Modified Date (DD/MM/YY).....

Code of Business Type 1 = Production 2 = Export 3 = Wholesale 4 = Retail 5 = Service	<input type="checkbox"/> 5.1 Add more business type	Code of Business Type	Type of Product/Service (please specify)	For Staff Only (ISIC-RD) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
	<input type="checkbox"/> 5.2 Remove business type	Code of Business Type	Type of Product/Service (please specify)	
		<input type="checkbox"/>	
	<input type="checkbox"/>		
	<input type="checkbox"/> 5.3 Modify business type. Mainly sort by types of products and/or services of the business. (Order by high to low income)	Code of Business Type	Type of Product/Service (please specify)	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

6. Detail of branch adding..... Branch: From Date (DD/MM/YY).....

Branch No. Name of Establishment.....

Address: Building.....Room.....Floor.....Village.....No.....Village No.....
 Lane/Alley.....Road.....Sub-district/Sub-area.....
 District/Area.....Province.....Post Code Telephone.....

(If add branch more than 1, please use other paper)

7. Detail of branch decreasing..... Branch: From Date (DD/MM/YY).....

Branch No. Name of Establishment.....

Address: Building.....Room.....Floor.....Village.....No.....Village No.....
 Lane/Alley.....Road.....Sub-district/Sub-area.....
 District/Area.....Province.....Post Code Telephone.....

(If decrease branch more than 1, please use other paper)

8. Establishment renaming

For personal/ordinary partnership/Committee who is not juristic person

Previous title.....Change to be.....

Previous name.....Change to be.....

Previous last name.....Change to be.....

For juristic person

Previous juristic person name.....Change to be.....

9. Establishment renaming

Head Office Branch No.

Address: Building.....Room.....Floor.....Village.....No.....Village No.....
 Lane/Alley.....Road.....Sub-district/Sub-area.....
 District/Area.....Province.....Post Code Telephone.....
 Previous Establishment title.....Change to be.....
 Previous Establishment name.....Change to be.....
(If rename establishment more than 1, please use other paper)

10. Stop doing business Temporary for 30 days

From Date (DD/MM/YY)..... To Date (DD/MM/YY).....

Head Office Branch No.

Address: Building.....Room.....Floor.....Village.....No.....Village No.....
 Lane/Alley.....Road.....Sub-district/Sub-area.....
 District/Area.....Province.....Post Code Telephone.....

11. Establishment registered as person has pass away: Date (DD/MM/YY).....

12. Change Other (Specify)

Detail of registration	Change to

13. Attached Document There are attached document that specify in the back papers

- VAT Registration application apply to revising Map showing location of establishment
 Change name application with picture of new establishment.
 Authorized application Other (Specify).....
 Copy of registrar partner certification.

I confirm all information as stated above is correct and completed.

Signature.....Business Owner

(.....)

Date.....



หมายเหตุ :

- ผู้ประกอบการรายใดไม่แจ้งการเปลี่ยนแปลงที่เป็นสาระสำคัญเกี่ยวกับการจดทะเบียนภาษีมูลค่าเพิ่ม หรือไม่ยื่นคำขอจดทะเบียนภาษีมูลค่าเพิ่มภายในเวลาที่กฎหมายกำหนด อาจต้องรับผิดชอบทางแพ่งและหรืออาญา
- ภ.พ.09 ให้ยื่นพร้อมกัน 3 ฉบับ ณ สถานที่ต่อไปนี้
 - ในเขตกรุงเทพมหานคร ให้ยื่น ณ สำนักงานสรรพากรพื้นที่ที่สถานประกอบการตั้งอยู่ หรือจะยื่นผ่านสำนักงานสรรพากรตั้งอยู่ที่ใดก็ได้
 - นอกเขตกรุงเทพมหานคร ให้ยื่น ณ สำนักงานสรรพากรพื้นที่สาขาที่สถานประกอบการตั้งอยู่
 - สำหรับผู้ประกอบการที่อยู่ในความดูแลของสำนักบริหารภาษีธุรกิจขนาดใหญ่ ให้ยื่น ณ สำนักบริหารภาษีธุรกิจขนาดใหญ่ หรือจะยื่นผ่านสำนักงานสรรพากรพื้นที่หรือสำนักงานสรรพากรพื้นที่สาขาที่สถานประกอบการตั้งอยู่ที่ใดก็ได้

Please contact www.rd.go.th

For Staff

Staff's opinion :

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Signature.....Staff

(.....)

Position.....

Date.....

Order :

.....

Signature..... Authorized person

(.....)

Position.....

Date.....