



**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	<b>Code of Business Type</b>	<b>Type of Product/Service (please specify)</b>	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	<b>Code of Business Type</b>	<b>Type of Product/Service (please specify)</b>	
		<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)	<b>Code of Business Type</b>	<b>Type of Product/Service (please specify)</b>	
		<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 with picture of new establishment.
- Change name application
- Other (Specify).....
- Authorized application
- 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](http://www.rd.go.th)

**For Staff**

**Staff's opinion :**

.....  
.....

Signature.....Staff

(.....)

Position.....

Date.....

**Order :**

.....  
.....

Signature..... Authorized person

(.....)

Position.....

Date.....