

VIRGIN ISLANDS EMPLOYMENT AGENCY  
P.O. BOX 3159  
ST. THOMAS, VIRGIN ISLANDS 00803

**CHANGE OF STATUS/ADDRESS**

DATE \_\_\_\_\_

Employer Account Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Change the address of this account \_\_\_\_\_

\_\_\_\_\_

Close this account as of \_\_\_\_\_ for the following reasons:  
(Last date of employment)

Ceased business for economic reasons. No successor.

No further employment

Natural Disaster

Deceased individual/proprietor

Other \_\_\_\_\_

Business transfer:

Type of transfer: 1.  Purchase of Assets only 2.  Purchase of Lease

3.  Purchase of Stock 4.  Change of Legal Entity

5.  Percentage of Stock Purchased \_\_\_\_\_

Name and address of Successor \_\_\_\_\_

\_\_\_\_\_

Registration attached: Yes  No  FEIN # \_\_\_\_\_ - \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

(Owner, Partner, Corporate Officer, Agent.)

To Be Completed By Agency:

Auditor: \_\_\_\_\_

Approved by: \_\_\_\_\_

Master File Updated By: \_\_\_\_\_ Date updated \_\_\_\_\_