

## Seychelles Revenue Commission

## NOTICE OF APPEAL

The complete form together with the supporting doc	cumentation must be ret	urned to SRC
Full name of taxpayer (the importer) or Trading Name		
TIN		
NIN		
Contact details	•	
Full name(s)		
Tel number		
Fax number		
Post address		
E-mail		
Assessment detail (Mark applicable tax type with an 2	X)	
Type of tax	GST	
	VAT	
	Trades Tax	
	Other	
Nature of the amount in dispute:	Value of the good	
	Concessions granted	
	Additional tax	
	Interest	
	Other	
If "other" please specify		
Tax year		
Date the affecting decision was taken		
Grounds of appeal		
If the space provided is not sufficient, reasons should be provide	ed in a separate document	
Grounds on which the appeal is being made:		

Extension request for Appeal:		
Lodgement of appeal expired on		
The reason for the late appeal is:		
Documents attached		
Please give a number of pages attached		
List of supporting documents:	-	
Signature:		