

FORM RAT 2

(r. 17)

NOTICE OF APPEAL
REVENUE APPEALS TRIBUNAL

.....REGISTRY

APPEAL NO..... OF 20....

IN THE MATTER OF

.....

APPELLANT

AND

COMMISSIONER GENERAL

RESPONDENT

NOTICE AND GROUNDS OF APPEAL

I hereby give notice of intention to appeal against an objection decision of the Commissioner General

1. PARTICULARS OF THE APPELLANT			
(a)	Name of individual(s)		
(b)	Name of business		
(c)	TIN		
(d)	Nature of business		
(e)	Postal address		
(f)	Physical Address	Plot No.	
		Street No.	
		Village	
		Trading Centre	
		Town	

		City	
(g)	Other contact details	Telephone No.	
		Mobile No.	
		Fax No.	
		E-mail address	

2. Particulars of tax

	Tax type (please tick in the relevant box)	Corporate tax	
		PAYE	
		Withholding tax	
		Fringe Benefit tax	
		Non-Resident tax	
		Dividend tax	
		Turnover tax	
		Domestic VAT	
		Import VAT	
		Domestic Excise tax	
		Import Excise	
		Import Duty	
		Other (please specify)	

3. Particulars of the objection decision being appealed against:

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4. Grounds of appeal in numbered paragraphs:

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5. Statement of facts and reasons in support of appeal:

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6. List of authorities:

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7. Books, documents or things lodged before the Tribunal (*if any*). (*List and give brief description of each document*).

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8. Name(s) of witness(es), if any,

NAME	CONTACT DETAILS
1.	(a) Physical address (b) Postal address (c) Telephone No. (d) Mobile No. (e) Fax No. (f) Email address:
2.	(a) Physical address (b) Postal address (c) Telephone No. (d) Mobile No. (e) Fax No. (f) Email address:

9. Relief sought

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Dated this..... day of, 20....

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Signature of applicant/representative

(FOR OFFICIAL USE ONLY)

10. Name of Registrar or Deputy Registrar registering the appeal:

Signature :

Date :

Seal of the Tribunal

11. ACKNOWLEDGMENT OF SERVICE BY COMMISSIONER GENERAL

REVENUE APPEALS TRIBUNAL

.....REGISTRY

APPEAL NO..... OF 20....

IN THE MATTER OF

..... APPELLANT
AND
COMMISSIONER GENERAL RESPONDENT

Service of Notice of Appeal in the above matter is hereby acknowledged.

STATE whether the Commissioner General intends to contest the appeal (*Tick as appropriate*):

Does not intend to contest the appeal ☐
Intends to contest the entire appeal ☐
Intends to contest part of the appeal ☐

Date

Name of officer acknowledging service

Signature

Official stamp of the Commissioner General.

NOTE:

Part 11 of this Form should be detached and returned to the Registrar as proof of service.