TAN : NAME :				OADR/Form 4
OTHER NAME :	CTDEET		_ / V	
HOUSE/APPT NO: STREET: LOCALITY: POSTAL REGION:			NOTICE OF OBJECTION	
VILLAGE/ TOWN :		··	Section 121(1) of the Gamblin	ng Regulatory Authority Act 2007
COUNTRY: INT. POSTAL CODE:		The Notice of Objection should be duly filled and sent to the Director General, MRA within 28 days of the date of Notice of Assessment		
Contact Details				
1. Contact Person				
Capacity in which acti	ng			
2. Phone Number			Office	Mobile
Find the Number Fax Number		_		
		Emai	il Address	
Details of Objection				
			against the under mentioned assessmen	
Taxable Period	Assessment No.	Currency	Tax Payable Under the Assessment	Amount Payable (10%) See Note 6
]		
		1		
]		
		J 1		
		Total:		
5. Detailed grounds of o attach additional shee		pect of each of the items i	n the notice of assessment, the detailed	grounds of objection (You may
6. Please tick as applicat	ole:			
	•	·	ed in returns/statements is payable. Inser	t the amount payable at Sect. 4
	is being submitted to sh	now financial difficulty		
	nt is being submitted			
	nt has already been subi	nittea		
Payment Mode 7. Cash / Cheque Bank guarantee	e will be furnished			
Declaration				

Please quote your TAX ACCOUNT No. in all communications addressed to The Director-General, Mauritius Revenue Authority, Objections, Appeals and Dispute Resolutions Department, Ehram Court, Cnr Mgr Gonin & Sir Virgil Naz Streets, Port Louis, Mauritius. Email: objectionsappealsdr@mra.mu Tel +230 2075000 - Fax +230 2075050 Website: http://www.mra.mu

Date:

Signature:

I hereby declare that the information above is true and correct

Capacity:

Name: