

ASSESSMENT REVIEW COMMITTEE

**2nd Floor, Pope Hennessy Building
25, Pope Hennessy Street, PORT LOUIS
Tel: 260 4049 Fax: 214 1332
Email: arcregistry@govmu.org**

**REPRESENTATIONS FOR REVIEW OF DECISION,
DETERMINATION, NOTICE OR CLAIM
(Section 19 of the Mauritius Revenue Authority Act 2004)**

To: The Clerk, Assessment Review Committee

1. I, on behalf of
..... aggrieved by a Decision/
Determination/ Notice/ Claim made by (Director-General/
Registrar-General) and, notified to me /him/her on hereby
request the Assessment Review Committee to consider my/his/her representations for the
review of the said Decision/ Determination/ Notice/ Claim.

2. Residential or Registered Address for official communication:
.....
.....Post Code:.....

3. Phone No: (Home) (Office)..... (Mobile)

4. Fax No:

5. Email Address:

6. Tax Account No (TAN) VAT/Gaming Reg. No

Transcription Volume & No of Deed Customs Declaration No

Registration Volume & No of Deed File Ref No (CT/CST)*

7*. Precise reasons for the representations, including any point of law

.....
.....
.....

8. A list of relevant books, records and documents in support of the representations

.....
.....

9. A copy of the Decision/ Determination/ Notice/ Claim mentioned above is attached.

10. A copy of the representations has been sent to the *Director-General/Registrar General*.

IMPORTANT NOTE

Any change in information as per paragraphs 2, 3, 4 and 5 by any person making representation or his/her representative shall be notified immediately in writing to the Clerk of the Committee at the address specified at page 1.

DISCLAIMER

The Committee will not be in any way responsible, if a person or his/her representative making a representation does not inform the Committee, in writing, of any change with respect to paragraphs 2, 3, 4 and 5.

Date: Signature:.....

*** It is compulsory to give precise reasons for Representation under Section 19 (1) of the MRA Act 2004**