



NOTICE OF OBJECTION TO VAT ASSESSEMENT

CT 235

Registered Person			
TIN Number			
Return Period			
Contact Person			
Contact Details	Address:	Telephone:	Email:

Does this objection relate to the assessment in full or in part?

(Please provide details if you are objecting to only part of the assessment).

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Please provide the grounds of your objection including legislative references where applicable.

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Attach additional sheets if required.

Authorised Person		Date	
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