

FORM IV

Form of Application for revision under section 8

(See Rule 7)

To

The Board of Revenue,

Theday of19.....

- 1 Name and address of applicant(s) :
- 2 Month of assessment :
- 3 Authority passing the original order in dispute :
- 4 Date on which the order was communicated :
- 5 Number and date of original / certified copy of the order appealed against :
- 6 Address to which notice may be sent to the applicant(s) :
- 7 Ground (s) of revision :
 - 1. :
 - 2. :
 - 3. :
- 8 Details of fee remitted :

Signature of applicant(s)

I/We the applicant(s) do hereby declare that the statements made in this application are true to the best of my / our knowledge and belief.

Verified today the day of (year).

Signature of petitioner(s)
