	Form :- APL_001_E
	இலங்கை உள்நாட்டு இறைவரி Sri Lanka Inland Revenue
APPLICATI	ION FOR AN APPEAL
All fields marked with * are Mandatory Please fill up the form using BLOCK LETTERS	
Taxpayer Identification Number (TIN) * :	
Name of Taxpayer :	
Charge No. :	Assessment Date : D D / M M / Y Y Y Y
Tax Type :	Period :
Tax Assessed : Rs.	Penalty Assessed : Rs.
Grounds of Appeal :	
If application is submitted by an authorized person	, please specify the name of the authorized person
Name :	
National Identity Card / Passport No. :	
Designation :	
AUTHORIZATION *	
I/We hereby submit an appeal for the above mentio	oned Assessment.
Name :	
Designation :	
National Identity Card / Passport No. :	
Signature :	
Date : D D / M M / Y	Y Y Y
Note: This form to be submitted along with supportin	g documents (If any) to the Help Desk at the nearest IRD branch.