

# FORM VAT 430

See rule 149

## Form of Appeal against an order or a proceeding

To  
The Joint Commissioner  
.....Division

The .....Day of.....20

- (1) Name of appellant(and TIN):
- (2) Assessment year/period:
- (3) Authority passing the assessment or other order/proceeding disputed
- (4) Date on which the notice of assessment/order/proceeding was served
- (5) Address to which notice may be sent to the appellant
- (6) Relief claimed in appeal-
  - (a) Turnover determined:
  - (b) If turnover is disputed-
    - (i) Disputed turnover:
    - (ii) Tax due on the disputed turnover:
  - (c) If rate of tax is disputed-
    - (i) Turnover involved
    - (ii) Amount of tax disputed
  - (d) Any other relief claimed
- (7) Grounds of appeal, etc.:

.....  
(Signed) (Appellant(s))

.....  
(Signed) Authorised representative, if any.

### VERIFICATION

I/We,.....the appellant(s) named in the above appeal do hereby declare that what is stated therein is true to the best of my / our knowledge and belief.

Verified today the.....day of.....20

.....  
(Signed) (Appellant(s))

.....  
(Signed) Authorised representative, if any.

**Note:** (1) The appeal should be accompanied by the order /proceeding appealed against in original or by a certified copy thereof unless the omission to produce such order or copy is explained to the satisfaction of the appellate authority and by proof of payment of the tax and penalty not disputed in the appeal.

- (2) The appeal should set forth concisely and under distinct heads the grounds of appeal (without any argument or narrative) and such grounds should be numbered consecutively.