

Appeal to the Tribunal shall be in the following form, namely.

Tax Period: _____

Appellant:

V/S

Respondent:

Title / Number / Date of appeal order which gives rise to 2nd appeal.

Section under which an order of the Sales Tax Authority was appealed against (Attach a copy of appeal order):

Date of communication of the order appealed against:

Address to which notices may be sent to the appellant:

Address to which notice may be sent to the respondent:

Grounds of appeal:

Signed (Appellant)

VERIFICATION

1. I, _____ S/o _____, the proprietor / partner / managing director of M/s _____, the appellant, do hereby declare that whatever is stated above is true to the best of my knowledge and belief.
2. I am competent to file the appeal in my capacity as _____
3. I, further certify that a true copy of this form of appeal has been sent by Registered Post/AD/Courier services or delivered personally to the concerned Officer of Circle/Unit _____ Zone _____ on _____

Signature of the Appellant: _____

Name (In Capital letters): _____

CNIC number of Appellant: _____

The form of appeal and verification form appended thereto shall be signed.

- (a) in case of an individual by the individual himself,
- (b) in case of a company by the principal officer, and
- (c) in case of AOP by member / partner.

INDEX OF ATTACHMENTS

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Subject Example. 1. Commissioner Appeal Order, 2. Assessment Order, 3. Appeal Fee (challan),
4. Vakalatnama / Power of attorney, and 5. Other documents.

**Signed by Appellant
or
Authorized Representative**