

NOTICE OF CANCELLATION OF TOT REGISTRATION

[See Rule 15(3)]

01. Tax Office Address:

Date	Month	Year
_____	_____	_____

02	GRN	_____	_____	_____	_____
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03. Name :	_____
Address:	_____

It is confirmed that your TOT registration has been cancelled with effect from _____ You are reminded that should your taxable turnover exceed the registration threshold limits in the future, you must apply for registration.

**ASST. COMMERCIAL TAX OFFICER,
TOT REGISTERING AUTHORITY,
_____ CIRCLE**