



## NATIONAL REVENUE AUTHORITY

Date

03/06/2024

To:

TIN	1001117069
TAXPAYER NAME	CENTRE FOR HEALTH RESEARCH AND TRAINING (CHaRT-SL)
ADDRESS	03 HOSPITAL ROAD KISSY FREETOWN Western Area Urban Western Area Sierra Leone
TAXPAYER OFFICE	Medium Taxpayers Office

**RE: Taxpayer Amendment Application**

We are in receipt of your application for Taxpayer Amendment Application

You are hereby notified your request has been effected as per your request.

Your request shall be effected as from the

**07-05-2024**

Thank you

A handwritten signature in blue ink, consisting of several loops and a vertical stroke, positioned above a horizontal line.

**FOR COMMISSIONER GENERAL**