



Guyana Revenue Authority

Testimony Form

Date: _____

The Head

Tax Operations and Services Department

Lot 200-201 Camp Street

Georgetown.

Guyana.

Dar Sir/Madam,

I Mr/Ms/Mrs _____ hereby testify that
Mr/Ms/Mrs _____ is my (state relation) _____
who resides at my address at _____

All for your information.

Thank you.

Signature:

ID/PP/NIS Number