



Guyana Revenue Authority

Testimony Form

Date: _____

The Head
Tax Operations and Services Department
Lot 200-201 Camp Street
Georgetown
Guyana

Dear 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