

OBJECTION FORM

OBJECTION ZV/OV DEMAND NOTE

CRIB#					
BUSINESS NAME					
CONTACT PERSON					
TELEPHONE #					
EMAIL					
Attach an excerpt from the Chambers of Commerce stating the date of Business Inactive status					
BUSINESS ACTIVE		□YES	☐ YES ☐ NO; Inactive Date:		
Attach a copy of Declaration form(s) submitted					
DECLARATION SUBMISSION DATE				VIA: □ IN-PERSON □ EMAIL	
Attach a copy of proof of payment					
PAYMENT DATE				PAYMENT VIA: ☐ SZV CASHIER	□ BANK
Assessment #					
Assessment Amount					
Assessment Fine Amount					
Protest Summary					
Your objection can be denied if you do not submit the required documents noted below:					
☐ Proof of Payment copy					
☐ Declaration Form(s) submitted					
☐ Chamber of Commerce					
Director's/Owner/Authorized Party Signature					
Date:					
			Dale.		
FOR INTERNAL USE ONLY					
DATE OBJECTION RECEIVED					
OBJECTION #					
DATE OBJECTION FINALIZED					

Email: fingroup@szv.sx