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| --- | --- | --- | --- |
| **Date Submitted:** | |  | |
| **Name:** | | For non-individuals, please identify the company, institution or association and provide the name of a contact person. | |
| **Contact Details:** | | E.g. DID, fax, email address | |
| **Summary of feedback:** | |  | |
| **Details:** | | | |
| **No.** | **Tax Change (Amendment to Income Tax Act)a** | **Commentsb** | **Proposed change to draft Income Tax (Amendment) Bill** |
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|  |  |  |  |

a To quote the title of the tax change as well as the relevant Section(s) of the draft Income Tax (Amendment) Bill 2017. Please refer to the Summary Table for reference.

b Illustrations and diagrams could be attached as Annexes.