



LAGOS STATE E-TAX REMITTANCE INSTRUCTION FORM



Date

Account Name

Account Number

Amount in Figures

Amount in Words

Being Payment For

Revenue Code

Applied Date/Payment Period

Bill Assessment Reference

Phone Number

Authorized Signatory:
Name: _____
Sign & Date: _____

Authorized Signatory:
Name: _____
Sign & Date: _____

Head Office: UAC House (5th – 8th Floor)| 1/5 Odunlami Street Lagos Nigeria. (Rc199528) | **Tel:** 234-1-2702880

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| **Tel:** 234-9-2918821

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