Appendix 5 to the Order

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full name (including

patronymic, if stated in the

identity document), or

name of the service

recipient organization)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address of the service recipient)

Form

**Application of the application for the termination of the**

**mutual agreement procedure with the competent**

**authority of a foreign state**

«\_\_\_» \_\_\_\_\_\_\_\_\_ 20\_\_ year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name or name of the applicant or organization that submitted the application, date and number of the application)

requests the termination of the initiated mutual agreement procedure under the application dated «\_\_\_» \_\_\_\_\_\_\_\_ 20\_\_ № \_\_\_, for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify reason if necessary, e.g. dispute resolved by other means / tax paid voluntarily / withdrawal of claim, etc.)

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(Full name (including patronymic, if stated (signature)

in the identity document), or name of

the service recipient organization)