



Date \*

## ISDS TROUBLE TICKET FORM

Project Title:	Integra	ted Stamp Duty Service	Project Working Title:			ISDS					
Client		I Inland Revenue Service	Service Vendor			Oasis Management Company Limited					
Documented by			Date / Control Number:			Casis managamani company Emilion					
ISDS Assessment ID*			ISDS payment ID				MDA Transaction ID*				
Bio-data of user [m	aybe doc	umented by ISDS suppor	t staff]								
First Name * [En	irst Name * [Enter First Name]		Surname *	ne * [Enter Surname Name]			Othe	er names	[Ente	er other i	mobile number]
Address [Enter a residential address]			Mobile Phone Number * [Enternum.			mobile phone Other Phone [Enter other number] Number					ımber]
Email Address * [Enter Email		aail address]	Tax Identification Number *		r * [	Enter TIN]	Other means of		ans of	IDs	[State the Card & ID number]
Complaint/Issue/Sເ	ıggestioı	n [maybe documented by	ISDS support	staff]							
Date of Transaction *		[Enter Date of transaction]	URL/Website address of use				Time of transaction			[Estimated time is acceptable]	
Name of Transaction/stamp duty instrument		[Enter Name of instrument]	Place of Transaction			Amount Involved (in Naira) *			ed (in	[Enter the Amount involved]	
Description of the	issue *	[Describe the issue(s) 6	encountered o	n the Portal]							
Acknowledgment <i>[</i> i	must be o	documented by ISDS sup	port staff]								
Date of Completin this form *		nter the date of completing is form]	Means of co	Means of communication [e		g. website, phone	e, live chat et	[c]			
Additional Comme	ents										

Name of ISDS Staff \*

- Planned resolution steps
  1. Open a ticket on ISDS Support on behalf of the user
  2. Breakdown the issues identified
- 3. Resolve the issue or forward to the next support level group

this form

[name of personnel completing

Signature \*

- 4. Follow up for feedback and resolution
- 5. Upon closure, the ticket is (electronically) archived.