**POTENTIAL IMPLICATIONS ON IMPLEMENTATION OF NEW SST**

| **NO** | **NAME OF COMPANY** | **CONCERNS** | **PREVIOUS SST TREATMENT** | **GST TREATMENT** | **NEW SST TREATMENT** | **IMPACT** | **COMMENTS / SUGGESTIONS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | e.g. Intra Group transaction (please provide explanation) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |