APPLICATION FOR REFUND OF VAT

1.	Name of	App	licant	
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2. Postal Address :

3. Name of Vessel and Date :

4. Entry No. & Entry

5. Ground for Claim of Refund:

6. Particulars of Payment Made:

a.

	CID	CESS	PAL	NBT	SRL	VAT	 TOTAL
Amounts Paid				4 1			
Amounts Due				0			
Amounts Claimed		1					

b.	Date	of Payment	
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c. Rate of VAT applied for :

d. Rate now applicable :

e. Description of Items

f. Importers TIN

g.

Date

Signature of Applicant

N.B.

I. If Refund is due consequent exemption of duty allowed by the Government, please attach original letter granting such exception.

CERTIFICATE OF REFUND

I hereby certify that I have ve is noted on the Entry/Declar		claim appea	ring abo	ive & f	ound na	me to be correct	. Refund
Amount of VAT claimed	: Rs						
Amount Payable	: Rs						
						•	
Date:			10				
9. 8		5 1 0 98 15	**			Appraiser	
Space for Custo	ms Seal				Space f	or IAB Seal	
				14		1 8	57 85 es
<u> </u>							
Refund of Rs.						ector General o	
		oy Inland Re	<u>DER</u>				*
Refund of Rs							
······································						1S	approved.
Date:					1000000		
Voucher No				w 100	or pools	Commissioner	payments.
Date:							

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