Form DVAT 23

(See Rule 35 of the Daman and Diu Value Added Tax Rules, 2005)

Daman and Diu Value Added Tax Refund Form

[To be used only by Embassies, International and Public Organisations and their Officials]

Full Name of Organisation																				
(For individuals, provide in order of																				
first name, middle name, surname)															_					
2. Address of Organisation	Build	ling N	ame/	Num	ber										\perp					
	Area/ Road																			
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	Pin C	,	unct														<u> </u>	<u> </u>	1	
	Ema																			
	Telephone Number																			
	er												\perp							
3. Entry Number of Sixth Schedule	under	which	the a	applio	cant i	is eli	gible	to c	laim	refur	ıd									
														_			1.			
4. Date of filing of last refund claim	(if any	/)				((mm/	dd/y	y)				/				/			
5. Total tax paid as per invoices at	laabad	 *								1	ı					1	1			
(Rs.)	acneu														l					
*Please complete Annexure and attach a	all tax in	voices	for wh	ich ta	x refu	ınd is	being	clair	ned		l						l			
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Details of Bank Account in which refund should be remitted		Accou MICR			ſ							-	-		4				1	
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		Name of Bank Address of Bank													\dashv					
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7. Verification																				
I/We					here	by s	olem	nly a	affirm	and	ded	clare	tha	t the	e inf	orm	atio	n giv	⁄en	
hereinabove is true and correct to t	ne bes	t of m	y/our	know	/ledg	e an	d bel	ief a	nd n	othin	g ha	is be	en	con	ceal	led t	there	efror	n.	
Signature of Authorised Signatory																				
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Full Name (first name, middle,																				_
surname)																				
Designation																				
Designation																				
Place	$\overline{}$			1	1			1				I				ı			1	
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Date																				
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Day	Ь	10	uı																	

Form DVAT 23: Annexure

(i) Details of purchases of tax paid goods in respect of which refund of tax is sought

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Purchase Price (Rs.) (inclusive of tax)	Tax (Rs.)
+					
+					
1				Total	
				Total	

(ii) Verification I/We hereinabove is true and correct to the best of my/our kr													hereby solemnly affirm and declare that the information given f my/our knowledge and belief and nothing has been concealed therefrom.															
Signature of	f Aut	horis	sed	Sign	ator	y		_																				
Full Name surname)	(firs	t nar	ne,	mida	lle,			_																				
Designation								_																				
Place																												
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Instructions for filling Return Form (Embassy and Staff) (Please refer to Section 41, Sixth Schedule and Rule 35)

1. Please do fill all the applicable fields in the form

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- 2. Please maintain a minimum period of 3 months between successive filing of refund claims
- 3. Please attach a copy of the letter of authorization in case the form is not signed by the Chief of the Organization.
- 4. Please refer to Sixth Schedule for ascertaining the following:
 - Qualified persons eligible to claim refund; and
 - Eligibility of items/transactions eligible for refund