

NOTICE IN CASE GOODS CARRIED ARE NOT COVERED
BY WAY BILL

[See sub-rule (12) of rule 80]

01. Office address

D	D	-	M	M	-	Y	Y	Y	Y

02	TIN													
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03. Name and address of the dealer

04. You have furnished way bill No. _____ dt. _____, which has been issued in your favour from _____ range, against transportation of the following goods for quantities mentioned against each from _____ in the state of _____ in vehicle No. _____.

Description of goods	Quantity	Description of goods	Quantity

05. The said vehicle reported at _____ checkgate at _____ A.M./P.M. on _____ and the driver or person-in-charge of the goods under transportation produced the following documents along with / without the afore said way bill / any way bill at this checkgate.

Description of goods	Document produced	Way bill produced

06. Security of the documents produced / inspection of the vehicle carrying the goods / unloading or through checking of the goods carried in the vehicle reveals that the following goods for quantities mentioned against each, are being carried in the same vehicle, although such goods are not supported by any documentary way bill.

Description of goods	Quantity	Description of goods	Quantity

07. The driver or person in-charge-of the goods, on being questioned, admitted that the said goods are despatched to you or you have imported the said goods from outside the state or documents are available to prove that the goods are to be delivered to you.

08. The way bill furnished in respect of the goods carried in the above-mentioned vehicle is found to be defective or incomplete for the following reasons.

- (i)
- (ii)
- (iii)
- (iv)

09. You are now required to appear in person or through your authorized representative before the undersigned on or before _____, during office hours, and rectify the defects as mentioned above or pay the tax and penalty due under the Act on such excess goods carried/goods carried without being covered by a valid way bill or production of defective and incomplete way bill.

Office Seal

SALES TAX OFFICER

Place _____

_____ CHECK GATE

Date _____

Seal