

**APPLICATION FOR CLAIM OF REFUND**  
**FOR THE TAX PAID ON SALES OR PURCHASES**  
**OF GOODS SPECIFIED UNDER SECTION 4(2)**

**FORM VAT 360**

[ See Rule 35(10) (c) & (e) ]

Date    Month    Year

01. Tax Office Address:

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03. Name :

Address:

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Address: _____
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I/We request that under the provisions of Rule 35(10) of the Andhra Pradesh Value Added Act, 2005, I/We may be granted refund of the tax paid under the Act in respect of goods, the particulars of which are given in the Schedule below:-

04	Serial Number	
05	Name and address of the dealer who paid tax under Section 4(2) of the Act	
06	GRN of the dealer	
07	Date of sale of goods by the dealer who paid the tax under Section 4(2) of the Act	
08	Description of the goods and Quantity	
09	Amount of tax paid	Rs.
10	Date of commencement of inter-State movement or the date of inter-State sale	
11	Amount for which the applicant sold the goods	Rs.
12	Challan number and date of remittance of Central Sales Tax paid in respect of the goods	

Place:

Date:

**Signature**  
**Status & Relationship to the dealer**