

**Form LS-4**  
(See VAT-RI)

**LIST OF SALE OF GOODS IN THE COURSE OF EXPORT OF THE GOODS OUT THE TERRITORY OF INDIA FOR THE QUARTER ENDED**

D D		M M		Y Y	

Name and TIN of the registered dealer furnishing the list

Name and style of business MIS																			
TIN	0	6									Economic Activity Code								

**A. List of the sale of goods under section 5 (1) of the Central Act-out of purchases u; a 5(3) of Central Act.**

Sr. No.	Sale Invoice/ Delivery Note No	Date	Name & address of the foreign buyer	No. & date of agreement/ order of foreign buyer to whom goods sold	Description of goods	Quantity/ Weight	Value of the goods	Country of destination	Vessel or Airlines name, date of shipping/ Airfreight Carrier number by which goods dispatched out of India.
	1	2	3	4	5	6	7	8	9
<b>Total A</b>									

**B. List of sale of goods under section 5(1) of the Central Act-other than covered by Table-A.**

Sr. No.	Sale Invoice/ Delivery Note No.	Date	Name & address of the foreign buyer	No. & Date of agreement/ order of foreign buyer to whom goods sold	Description of goods	Quantity/ Weight	Value of the goods	Country of destination	Vessel or Airlines name, date of shipping /Airfreight carrier number by which goods dispatched out of India.

	1	2	3	4	5	6	7	8	9
<b>Total A</b>									

**C. List of sale of goods under section 5(3) of the Central Act.**

Sr. No.	Sale Invoice/ Delivery Note No.	Date	Name and address of the purchaser	TIN	Description Of goods	Quality/ Weight	Value of the goods	No. and date of purchase order given exporter	Number and date of agreement/ order received by exporter from foreign buyer.	Name and address of the foreign buyer	No. and date of the certificate in form H or form VAT- D2 issued by the purchaser
	1	2	3	4	5	6	7	a	9	10	11
<b>Total B</b>											

**Note:** Gross total of Total A, Total B and Total C must tally with figures in 28(4)(b) of the return.

**DECLARATION**

I,.....(name in CAPITALS), hereby declare that the contents of the above list and table are true and correct and nothing has been concealed therein.

Place:  
signatory  
Date:

Full signature of the authorised  
Name  
Status

- Note:** 1. An authorised person alone shall sign each page of this list. A list signed by any person not authorised or an unsigned list shall be treated as no list.  
2. Where a list runs into more than one page, each page will show both page totals and progressive totals: