

Form VAT - 25

[See Rule 27 (1)(b)]

Refund Adjustment Order

Book No.....

Voucher No.....

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1. Name of Dealer (Proprietor/Firm name/Company name etc.) _____
 2. Trade Name (s) (if any) _____
(in which the business is carried on)
 3. Registrations No. (TIN) _____
 4. Address Building No/ Name/ Area _____
Town/City _____
District (State) _____
Pin Code _____
Email Id _____
Telephone Number(s) _____
Fax Number(s) _____
 5. Period of refund _____
 6. Amount of refund to be adjusted in figures _____
in words _____
 7. Certified that no refund order regarding the sum in question has previously been granted and this order of refund has been entered on the original assessment order and the demand and collection register.
 8. Certified that the tax, penalty or interest concerning which this refund is allowed has been credited into the Treasury / Bank..... under challan No dated **Head No 2040-101-(02)-82(NP)**
 9. This refund will be adjusted towards the amount of VAT/CST/Other dues from the said dealer for the period from.....to.....or any subsequent month/quarter/year in the future.



Signature _____
Name _____
Designation _____
Place _____
Date _____

Note:-

The dealer shall enclose this Order with the return to be furnished by him for the month/quarter/year.....against which the adjustment is desired.