

Form VAT - 58

DRAFT

[See Rule 73]

Application for Reopening of ex-parte assessment

a. Please read the instructions carefully before filling

b. All the entries should be filled in capital letters)

To,
The Dy. Commissioner (Adm)

Zone:

Registration Number

TIN

1. Name of Business

2. Address

Bldg. No/Name/ Area

Town/City

District (State)

Pin Code Email Id

Telephone Number(s) FAX No.

3. Date of the order sought to be reopened (DD / MM / YYYY)

4. Date of service of the order (DD / MM / YYYY)

5. Section, under which the order is passed _____

6. Have you preferred an appeal against the order ? Yes No

7. Date of filing of application (DD / MM / YYYY)

8. Grounds for reopening of the said order _____

Date :
Place :

Signature

Name :

Verification

I verify that the above information and its enclosures (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Date :
Place :

Signature

Name :

Instructions

1. Please ensure that the form is complete
2. Enclose certified copy of the order sought to be reopened
3. This Form should be verified and signed by:
 - a. Proprietor, in case of Proprietorship concern
 - b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
 - c. Managing Director or authorized signatory, in case of a Company
 - d. Karta, in case of Hindu Undivided Family
 - e. Authorised Signatory, in all other cases
 - f. Or by the declared Business Manager
4. Use additional sheet(s) in case this space is not sufficient.
5. Enclose all documents/ evidences that you want to be considered
6. Enclose Proof of payment of fee of rupess one hundred