

CLAIM FOR REFUND BY TOT DEALER

[See Rule 35(1)]

FORM TOT 030

01. Tax Office Address:

Date	Month	Year

02	GRN				
----	-----	--	--	--	--

03. Name : _____
Address: _____

I / We _____ claimant(s) of refund do hereby declare that the refund is sought:

(Tick whichever is applicable)

- 1) in pursuance of an order of assessment
 - i. Number and date of order of assessment
 - ii. Date of notice of final assessment and refund order
 - iii. Amount of refund order.
- 2) in pursuance of an order passed in appeal or revision
 - i. Number and date of order of the appellate or revisional authority.
 - ii. Date of revised notice of final assessment and refund order
 - iii. Amount of refund due.
- 3) on cancellation of registration

Declaration:

I (Name) _____ Status (Title) _____ of the above business hereby declare that the information given in this form is true and correct.
Signature of the claimant _____
Signature of the authorised Representative if any. _____ Date of declaration _____

VERIFICATION

I / We _____ claimant(s) of refund do hereby declare that what is stated herein is true to the best of my / our knowledge and belief. Verified today the _____ day of _____ 200

Signature of the claimant
Signature of the authorised representative if any.