

**DEMAND FOR PAYMENT OF AMOUNT OUTSTANDING AGAINST A TOT
DEALER / OTHERS FROM THE BANK / THIRD PARTY**

Tax Office Address:

Date Month Year

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*To
The Manager,
.....Branch,
.....

*To
Name of the Dealer / Person
Address

The dealer M/s _____

GRN			
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 / OTHERS has to pay the following amount outstanding to

the Commercial Taxes Department

Tax Rs. _____
Penalty Rs. _____
Penal Interest Rs. _____
Total Rs. _____

In accordance with the provisions of Section 29 of the APVAT Act 2005 (*abstract enclosed*), You are requested to make the payment of amount outstanding

- * from the account of the above said Firm / Dealer
- * the amount you are due to pay to the above said Firm / Dealer.

You are requested to pay the above amount outstanding within 7 days from the date of receipt of this notice.

**Signature of the Officer,
Designation, Stamp & Seal**

(*Strike off which is not applicable)
Note:- Complete in Triplicate.