

Department of Goods Tax  
Government of Arunachal Pradesh

**Form FF-09**

(See Rule 47 of the Arunachal Pradesh Goods Tax Rules, 2005)

Arunachal Pradesh Goods Tax Refund Form

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1. Name of Dealer	_____
2. Registration Number	_____
3. Address of Dealer	_____
	Building Name/ Number _____
	Area/ Road _____
	Locality/ Market _____
	Pin Code _____
	Email Id _____
	Telephone Number(s) _____
	Fax Number(s) _____
4. Total Tax Refund Claimed (with supporting documents)	_____
5. Grounds for claiming refund (in detail)	_____
	_____
6. Details of security	_____
7. Manner of computation of security	_____
8. Verification	_____

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD / MM / YYYY

Instructions for filling Refund Form (FF-09)

1. Please fill only those claims for refund of tax, penalty or interest due under the Act which have not already been claimed in the return.
2. Please attach a certified copy of judgment or order in case the refund arises out of a judgment of a Court or an order of any authority under the Act.