

Form DVAT 35B

(See Rule 43 of the Daman and Diu Value Added Tax Rules, 2005)

Account of Declaration Forms DVAT 34 / DVAT 35

For the period _____ to _____

1. Form DVAT 34

| Date of Issue (mm/dd/yy) | Sl. No. Issued | Name and Address of the person to whom issued | Description of goods in respect of which issued | Value of goods (Rs.) | Retail Invoice No. |
|--------------------------|----------------|---|---|----------------------|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
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2. Form DVAT 35

| Date of Issue (mm/dd/yy) | Sl. No. Issued | Name and Address of the person to whom issued | Description of goods in respect of which issued | Value of goods (Rs.) | Seller's Invoice/Retail Invoice No. |
|--------------------------|----------------|---|---|----------------------|-------------------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
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3. Forms utilisation summary

| | | Form 34 | | | Form 35 | | |
|---|---|---------|--|--|---------|--|--|
| | Unused forms at the beginning of the period | | | | | | |
| + | Received from Value Added Tax department during the period | | | | | | |
| - | Issued during the period (as per details provided above) | | | | | | |
| - | Surrendered to Value Added Tax department during the period | | | | | | |
| = | Closing balance of forms carried to next period | | | | | | |

4. Verification : I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Full Name (first name, middle, surname) _____

Designation _____

Place _____ Date (mm/dd/yy) _____ / _____ / _____