

**Form DVAT 40***(See Rule 55 of the Daman and Diu Value Added Tax Rules, 2005)*Decision of the Commissioner in respect of an objection**Before the appeal Hearing Authority**

Appeal Number	Date of filing of Appeal

1. Name of person making the appeal
2. Registration Number
3. Address
4. Period to which appeal relates
5. Amount in dispute (Rs.)
6. Name of authorised representative of person making the appeal

**ORDER**

Signature:

Name:

Designation:

Date:

Daman and Diu Value Added Tax Department

Seal

To

\_\_\_\_\_ Name of Person making the objection

\_\_\_\_\_ Address for service of notice