

FORM VAT-30
[See rule 52]
REFUND VOUCHER

Serial Number:

Place:

District:

Registration No:

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Date:

		/			/	2	0		
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Firm name :
Address:

Date of application:

		/			/	2	0		
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Return period From

		/			/	2	0		
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 To

		/			/	2	0		
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Amount of refund

Due date for payment of refund:

Interest due in case of delayed payment of refunds or decision resulting from acceptance of appeal:

Approved for payment of refund

Date of

		/			/	2	0		
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