DRAFT

Original / Duplicate

FORM VAT- 36

[See Rule -38(1)]

DISPATCH NOTE FROM PRINCIPAL TO AGENT

Registration Number

Serial Number: _____ **TIN**

1. Name of Business

2. Address

Bldg. No/ Name/ Area

Town/City

District (State)

Pin Code Email Id

Telephone Number(s) FAX No.

3. (a) Name of Agent

(b) Registration No. (TIN)

(c) Address

Bldg. No/ Name/ Area

Town/City

District (State)

Pin Code Email Id

Telephone Number(s) FAX No.

4. Date of dispatch of goods by the principal *(DD / MM / YYYY)*

5. Description of the goods dispatched: (Enclose all challans with the dispatch note)

Challan No	Challan date	Name of commodity	Quantity / Weight	Estimated Value of goods

6. Details of the transporter carrying the goods

Name

Address

Bldg. No/ Name/ Area

Town/City

District (State)

Pin Code Email Id

Telephone Number(s) FAX No.

7. Registration number of the vehicle by which goods are dispatched

Date: Signature

Place: Name :

Status :

Verification

I verify that the information given on this form and in its enclosures is true and correct to the best of my knowledge and belief and nothing has been concealed.

Date: Signature

Place: Name :

Status :