

Form VAT - 20
 [See Rule 27 (1) (a)]
Application for Refund

Registration No. (TIN)

1. Name of Dealer

2. Address

Bldg No/ Name/ Area

Town/City

District (State)

Pin Code Email Id

Telephone Number(s) FAX No.

3. Amount of refund claimed and reason(s) thereof

a. Result of an assessment order -

i. Period *From* *To*

ii. Date of order DD/MM/YYYY

b. As a result of order of competent officer/authority/court -

i. Name of Authority

ii. Date of order DD/MM/YYYY

Place : Signature

Date : Name : Signature

Status

Verification

I verify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed

Place : Signature

Date : Name : Signature

Status

Instructions

1. Please read the instructions carefully
2. All the entries should be filled in capital letters
3. Tick ✓ applicable in option boxes
4. Please ensure that the form is complete in all respects.
5. Enclose copy of order of comptent officer/ authority/ court, in case refund is claimed in above
6. This Form should be verified and signed by:
 - a. Proprietor, in case of Proprietorship concern
 - b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
 - c. Managing Director or authorized signatory, in case of a Company
 - d. Karta, in case of Hindu Undivided Family
 - e. Authorised Signatory, in all other cases