

FORM 50



**Waybill for transport of consignment of goods despatched from
Outside West Bengal to any place inside West Bengal**
[See rule 100, rule 103 and rule 104]



Serial No. I

1. Office and
Date of Issue

2. Name and Address of the Dealer / Person importing
the Goods

2A . Dealer's Registration No. (TIN)
(if any)

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|--------------|
| Trade Name : |
| Address : |

| |
|---------------------------------------|
| VAT RC No. : |
| CST RC No. : |
| Income Tax Permanent Account No. : |

3. Name and Address of the Dealer / person from whom
the goods are purchase / imported

3A. Dealer's Registration No.(TIN)
(if any)

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| Trade Name : |
| Address : |
| State : |

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|-------------|
| VAT RC No : |
| CST RC No : |
| |

1. Description, Quantity and Value of Goods:

(a)No. of Invoices:

(b) Total Value of Goods: Rs.

(in words)

| Sl. No. | Commodity | Invoice No. & Date | Quantity | Value of Goods (Rs.) |
|------------|-----------|-----------------------|----------|-------------------------|
| | Code | | | |
| 1. | Name | | | |

5. Name and address of the Transporter / Owner of the Vehicle by which the goods are consigned

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| Name : |
| Address : |

5A. Vehicle Number

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5B. Consignment Note No.

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Declaration - *I/We declare that *I/We *am/are registered dealer under the West Bengal Value Added Tax Act, 2003, holding Registration Certificate No. (TIN) and the statements are correct to the best of my/our knowledge and belief.

Name of the Dealer

Signature of Proprietor/Partner/Authorised person

Status/Designation

[Stamp]

*Strike out whichever is not applicable

4. Description, Quantity and Value of Goods --- *Contd.*

| Sl. No. | Commodity | Invoice No. & Date | Quantity | Value of Goods (Rs.) |
|---------|-----------|--------------------|----------|----------------------|
| | Code | | | |
| 2. | Name | | | |
| 3. | Code | | | |
| | Name | | | |
| 4. | Code | | | |
| | Name | | | |
| 5. | Code | | | |
| | Name | | | |

Name of the Dealer

Signature of Proprietor/Partner/Authorised person

Status/Designation

[Stamp]

Name of the Notified *Place/Station/Area

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| |
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Date Month Year

Date of Endorsement

| | | |
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Signature of endorsing Sales Tax Officer./ Asstt. Sales Tax Officer