

# VAT DEPARTMENT

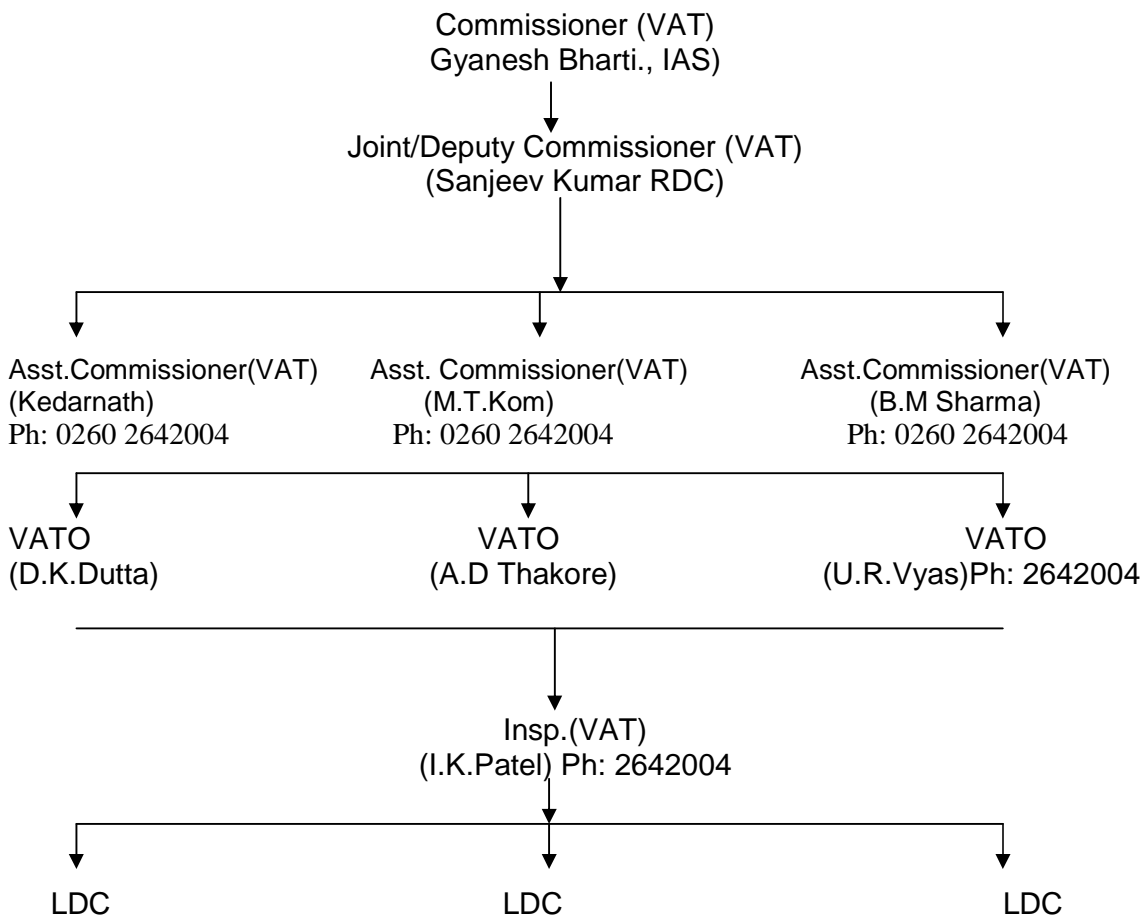
## **CONTACT DETAILS**

Asst.Commissioner (VAT)  
Udyog Bhavan  
Silvassa  
Ph:02602642004/ 2633012

## **AIMS & OBJECTIVE**

Value Added Tax is one of the main sources of revenue in the Union Territory, of Dadra & Nagar Haveli. The U.T. is exempted zone for manufacturing dealers registered between 01.01.1984 to 31.03.1999 who fulfilled the criteria laid down under the provisions of Dadra and Nagar Haveli Sales Tax Regulation,1978 and rules made thereafter and Central Sales Tax Act,1956 for Sales Tax. The Exemption has been extended for 15 years upto 31.12.2017 for interstate sales only. Dealer has been registered with this department are either traders or manufactures of both and works contractors also registered in the department.

## **ORGANIZATION STRUCTURE**



## **SERVICE OFFERED**

Details of activities carried out by the Department.

1.	Registration of New Dealers
2.	Receipt of Returns from the dealers
3.	Collection of VAT /CST/Interest/ Penalty etc.
4.	Collection of statutory forms etc. under CST Act
5.	Issue of Statutory Forms under the CST Act
6.	Audit /inspection of business premises of dealer
7.	Refund of VAT .
8.	Amendment of Registration Certificates issued to the dealers at their request.
9.	Cancellation of registration certificate of the Dealers
10.	Detection of unregistered dealers
11.	Detection of Defaulters dealers

The VAT Department request the public to extend their cooperation.

1. To apply in a proper application form.
2. To apply with necessary fees and documents
3. To meet and handover the application to the correct official.
4. To report to the higher and competent authority for remedies, if needed.
5. Not to interrupt the official on duty.
6. To obey the provision of the Dadra and Nagar Haveli Value Added Tax Regulation,2005 and Central Sales Tax Act,1956 and rules made thereunder.
7. The time schedule of the department on working days is as under:

1	Office Timing ( Six days week except IInd Saturday)	10.00 am to 5.00 pm
2	Filing of Application for Statutory for	11.00 am to 1.00 pm
3	Issue of Forms ( Two days	11.00 pm to 5.00 pm
4	Filing of returns, application for amendments and registration	10.00 am to 1.30 pm & 2.00 pm to 5.00 pm
5	Filing of miscellaneous applications	10.00 am to 1.30 pm & 2.00 pm to 5.00 pm
6	Assessment /Audit on fixed dates intimation in advance.	10.00 am to 1.30 pm & 2.00 pm to 5.00 pm

## **REGISTRATION, APPROVAL AND PERMISSION**

### **Applications – general**

- (1) Every application under the Regulation for registration as a dealer or for the amendment or cancellation thereof, shall –
  - (i) be furnished in the Forms prescribed in these Rules;
  - (ii) contain the information and particulars required in the relevant Form;
  - (iii) be signed and verified by the person or authority mentioned in section 29 and in the manner specified in the relevant Form;
  - (iv) be accompanied by all documents mentioned in the Form;
  - (v) be accompanied by proof of payment of the fee as prescribed in Annexure 1 of these Rules in the prescribed manner; and
  - (vi) be accompanied by security for the prescribed amount.
- (2) Where no Form is prescribed in these Rules, the application may made in writing to on the Commissioner;  
Provided that the Commissioner may require that the application to re-submit in a Form or manner as may be specified by the Commissioner.
- (3) The Commissioner shall issue a receipt acknowledging receipt of an application at the time that the application is furnished.

### **Application for registration .**

- (1) A dealer who is required to apply for registration under section 18 shall make an application for registration to the Commissioner in Form DVAT-04 within a period of 30 days from the date of his becoming liable to pay tax under the Regulation and shall pay the filing fee as prescribed in Annexure 1 of these Rules.
- (2) The dealer shall provide such further information as may be required by the Commissioner.

### **Processing application for registration as a dealer .**

Every notice issued to an applicant under sub-section (4) (b) of section 19 shall be in Form DVAT-05 and shall be served on the applicant in the manner specified in Rule 61.

### **Certificate of registration**

- (1) The Commissioner, after due verification of the application form and the supporting documents, shall grant a certificate of registration in Form DVAT-06. The Commissioner shall grant single registration to a dealer who has within Dadra & Nagar Haveli, more than one place of business.
- (2) A dealer shall be deemed to be registered under the Regulation from the date of the receipt of an Application for Registration as specified in sub-rule (1) above or from

the date the dealer has become liable to pay tax except where any other date has been specified in the certificate of registration.

- (3) Every registered dealer shall retain and prominently display the certificate of registration at its principle place of business and a certified copy thereof at all other places of business in Dadra & Nagar Haveli.
- (4) A registered dealer may obtain from the Commissioner, on payment of the fee prescribed in Annexure 1 of these Rules, a duplicate of the certificate of registration where the original has been lost, destroyed or defaced or a certified copy or copies on payment of the fee prescribed in Annexure 1 for the purpose specified in sub-rule (3).
- (5) The Commissioner shall issue a fresh certificate of registration under the Regulation to every dealer who is registered by virtue of section 24.
- (6) Pending the issue of the certificate pursuant to sub-rule (5), a certificate of registration issued to a dealer who is registered under the Dadra & Nagar Haveli Sales Tax Act, 1964 ( 4 of 1964) as in force in Dadra & Nagar Haveli immediately before the commencement of the Regulation shall be sufficient evidence that the person is registered for the purposes of section 19.

#### **Amendment of registration**

- (1) An application for amendment to an existing registration shall be made in Form DVAT-07.
- (2) Any amendment to the existing registration as a dealer shall be intimated by the Commissioner in Form DVAT-08.

#### **Cancellation of registration**

- (1) An application under sub-section 2 of section 22 for cancellation of registration as a dealer shall be made in Form DVAT-09 within thirty days of the following-.
  - a) in cases where a registered dealer has ceased to carry on any activity which would entitle him to be registered as a dealer under the Regulation, from the date of cessation of the activity
  - b) in cases where an incorporated body is closed down or otherwise ceases to exist, from the date of closure or cessation of existence.
  - c) in cases where the owner of a proprietorship business dies leaving no successor to carry on the business, from the date of death of the owner of the proprietorship business
  - d) in case of a firm or an association of persons being dissolved, from the date of its dissolution

- e) in case a registered dealer has ceased to be liable to pay tax under the Regulation, from the date on which he ceased to be so liable.
- (2) Every registered dealer who applies for cancellation of his registration shall surrender with his application the original certificate of registration and all certified copies thereof.
- (3) The application shall specify the date from which the dealer desires the cancellation of registration to take effect:  
Provided that unless the Commissioner by notice in writing served on the dealer notifies another date from which registration shall be cancelled, the dealer's registration shall cease on the date specified by the dealer.
- (4) Where the Commissioner proposes to cancel the registration of a dealer under sub-section (1) of section 22, the Commissioner shall serve upon the person a notice in Form DVAT-10 in the manner prescribed in Rule 61.
- (5) Every registered dealer whose registration is cancelled under sub-section (1) of section 22 shall deliver to the Commissioner the certificate of registration by the date stated in Form DVAT-10.  
Provided that where a dealer has made an appeal to the Commissioner under section 74 against the cancellation of the registration, the dealer may retain the certificate of registration pending discussion of the appeal.
- (6) In case of cancellation of registration, the Commissioner shall specify in a notice in Form DVAT-11 the date from which the cancellation of the registration takes effect. Upon cancellation of registration, the dealer shall be required to comply with the requirements specified by the Commissioner either in the notice issued in Form DVAT-11 or by a separate communication to be served in the manner specified in Rule 61.
- (7) Notwithstanding the cancellation of registration, all the proceedings pending or to be initiated shall not abate.

## PRESCRIBED FORMS

<b>Number</b>	<b>Title</b>
<a href="#"><u>DVAT- 01</u></a>	Application for Opting for Composition scheme by a dealer registered under Dadra and Nagar Haveli Value Added Regulation,2005.
<a href="#"><u>DVAT - 02</u></a>	Application for opting for Composition scheme by a dealer registered during transaction.
<a href="#"><u>DVAT - 03</u></a>	Application for withdrawing from Composition Scheme.
<a href="#"><u>DVAT - 04</u></a>	Application for Registration as a Dealer.
<a href="#"><u>DVAT -05</u></a>	Notice proposing Rejection of Registration Application.
<a href="#"><u>DVAT - 06</u></a>	Certificate of Registration as a Dealer.
<a href="#"><u>DVAT - 07</u></a>	Application for Amendment in Registration.
<a href="#"><u>DVAT -08</u></a>	Amendment of Existing of Registration
<a href="#"><u>DVAT - 09</u></a>	Application of Cancellation of Registration.
<a href="#"><u>DVAT - 10</u></a>	Show Cause Notice for Cancellation of Registration.
<a href="#"><u>DVAT -11</u></a>	Cancellation of Registration
<a href="#"><u>DVAT - 12</u></a>	Form for furnishing security
<a href="#"><u>DVAT - 13</u></a>	Application for return, release or discharge of security.
<a href="#"><u>DVAT - 14</u></a>	Notice for forfeiture and Insufficiency of security.
<a href="#"><u>DVAT - 15</u></a>	Order of Forfeiture of security
<a href="#"><u>DVAT - 16</u></a>	Dealer's Value Added Return and Revised return.
<a href="#"><u>DVAT - 17</u></a>	Composition Tax Return and Revised Return
<a href="#"><u>DVAT - 18</u></a>	Statement for Tax paid stock in hand on April 01,2005.
<a href="#"><u>DVAT - 19</u></a>	Statement of Trading stock and Raw material as on the date of registration.
<a href="#"><u>DVAT - 20</u></a>	Challan for Dadra and Nagar Haveli Value Added Tax.
<a href="#"><u>DVAT - 21</u></a>	Refund of claim form
<a href="#"><u>DVAT – 21A</u></a>	Notice to furnish security for granting refund.
<a href="#"><u>DVAT - 22</u></a>	Refund order.
<a href="#"><u>DVAT - 23</u></a>	Refund form for embassies, international and Public Organization and staff.
<a href="#"><u>DVAT - 24</u></a>	Notice of Assessment

<a href="#"><u>DVAT – 24A</u></a>	Notice of Assessment of Penalty
<a href="#"><u>DVAT - 25</u></a>	Form of Recovery Certificate
<a href="#"><u>DVAT - 26</u></a>	Continuation of Recovery proceeding
<a href="#"><u>DVAT - 27</u></a>	Notice for special mode of recovery
<a href="#"><u>DVAT - 28</u></a>	Summons to appear in person/or to produce documents
<a href="#"><u>DVAT - 29</u></a>	Notice for redeeming goods
<a href="#"><u>DVAT - 30</u></a>	Purchase register
<a href="#"><u>DVAT – 31</u></a>	Sales Register
<a href="#"><u>DVAT - 32</u></a>	Goods receipt record
<a href="#"><u>DVAT - 33</u></a>	Delivery Note
<a href="#"><u>DVAT - 34</u></a>	Export Declaration
<a href="#"><u>DVAT - 34</u></a>	Export declaration
<a href="#"><u>DVAT - 35</u></a>	Import Declaration
<a href="#"><u>DVAT – 35A</u></a>	Transit Slip
<a href="#"><u>DVAT – 35 B</u></a>	Account of Declaration form DVAT-34/DAT 35.
<a href="#"><u>DVAT - 36</u></a>	Undertaking cum Indemnity by Purchasing Dealer.
<a href="#"><u>DVAT - 37</u></a>	Notice for audit of Business affairs
<a href="#"><u>DVAT - 38</u></a>	Appeal form
<a href="#"><u>DVAT - 39</u></a>	Application for condonation of delay
<a href="#"><u>DVAT - 40</u></a>	Decision of the Commissioner in respect of an Appeal.
<a href="#"><u>DVAT - 41</u></a>	Notice of delay to the Authority deciding the Appeal
<a href="#"><u>DVAT - 42</u></a>	Application for for determination of a Specific Question
<a href="#"><u>DVAT - 43</u></a>	Form of certificate of Audit of Accounts
<a href="#"><u>DVAT - 44</u></a>	Application for obtaining form DVAT 34 or DVAT 35
<a href="#"><u>DVAT - 45</u></a>	Receipt of security deposited.
<a href="#"><u>DVAT-45</u></a> (A to C)	Tax Deduction Account Number (TAN) certificate under Dadra & Nagar Haveli Value Added Tax Regulation, 2005 For work Contractor
<a href="#"><u>DVAT - 46</u></a>	Certificate for Enrolment of Value Added Tax Practitioner
<a href="#"><u>DVAT - 47</u></a>	Grant of Authority by the Commissioner.
<a href="#"><u>DVAT - 48</u></a>	Annual return statement of Exports/Inter State Sales/ Branch Transfer.

**Issue of Statutory Forms:**

The Statutory forms are issued to the dealer or his authorized person on the same day. The requirement for issue of statutory Forms are as under.

- No outstanding dues.
- Upto date return filed with upto date due tax.
- No adverse report and
- Filling Utilization accounts.

**Exemption**

Dealers who have been given permanent registration may apply for exemption with attested copies of 1<sup>st</sup> sale bill, details about manufacturing process, details of plant and machinery, raw martial, packing material, shift being run and workmen and Labourers, area of business premises etc.

**Grievance Re-dressal Mechanism:**

In case of any grievances, a dealer can contact the concerned Joint/Deputy Commissioner (VAT) or Asstt. Commissioner (VAT) If still the grievance is not redressed, they can contact the Commissioner of VAT. Any dealer can obtain any information as prescribed under Right to Information Act/Rules read with the provision of the Dadra and Nagar Haveli Value Added Tax Regulation, 2005 and Central Sales Tax Act,1956.

## Form DVAT 01: Annexure I

(i) Details of Trading Stock as at 1<sup>st</sup> April, \_\_\_\_\_ of the current year and tax payable thereon.

	Rate wise details of the Trading Stock	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April of the current year)

(ii) Details of Raw Material as at 1<sup>st</sup> April, \_\_\_\_\_ of the current year and tax payable thereon.

	Rate wise details of the Raw Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April of the current year)

(iii) Details of Packaging Material as at 1<sup>st</sup> April, \_\_\_\_\_ of the current year and tax payable thereon.

	Rate wise details of the Packaging Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April of the current year)

(iv) Details of Finished Goods as at 1<sup>st</sup> April, \_\_\_\_\_ of the current year and tax payable thereon.

	Rate wise details of the Packaging Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April of the current year)



**Form DVAT 02**

(See Rule 5(3) of the Daman & Diu Value Added Tax Rules, 2005)  
Application For Opting For Composition Scheme  
(Only to be used by a dealer registered under Daman & Diu Sales Tax Regulation )

1. Registration No. under Daman & Diu Sales Tax Regulation																				
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2. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																																								
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3. Nature of Business (Tick <input checked="" type="checkbox"/> all applicable)	<input type="checkbox"/> Trader	<input type="checkbox"/> Works Contractor	<input type="checkbox"/> Leasing	<input type="checkbox"/> Others (specify) _____
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4. Year in which composition scheme is sought*	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>	-	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>
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\* hereinafter referred to as "current year"

5. Taxable Turnover in the preceding year (Rs.)											
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6. Estimated Taxable Turnover in the current year (Rs.)											
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7. Tax Payable on Opening Stock lying at the beginning of the current year [under section 16(6)]	Description*	Tax Payable (Rs.)											
	(i) Trading Stock												
	(ii) Raw material												
	(iii) Packaging Material												
	(iv) Finished Goods												
	Total												

(\* Please complete Annexure 1)

8. Details of Tax paid calculated as per (6) above	Description*												
	(i) Amount of tax paid (Rs.)												
	(ii) Date of Deposit			/			/						
		dd			mm							yyyy	
	(iii) Challan No. if any												

(\* Please attach original challan / proof of deposit under section 16(8))

9. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.  Signature of Authorised Signatory _____  Full Name <i>(first name, middle, surname)</i> _____  Designation _____
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Place																																									
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Date											
	Day	Month	Year								

**Instructions** for dealers opting for composition scheme (For details refer Section 16 and Rule 5(3)):

1. Dealers opting for the composition scheme would be liable to pay tax @1% on his turnover.

2. The application for opting to pay tax under the composition scheme has to be filed by **30<sup>th</sup> April 2005**.
3. Following class of dealers are **not eligible** to opt for the composition scheme:
  - Dealers whose turnover during the preceding year or expected turnover during the current year exceeds Rs. 50 lakhs
  - Dealers procuring goods from any place outside Dadra & Nagar Haveli or selling or supplying goods to any place outside Dadra & Nagar Haveli at any time during the current year.
  - Dealers registered under the Central Sales Tax Act, 1956.
4. Dealers opting for the composition scheme **cannot**:
  - Make purchases of goods meant for resale from a person who is not a registered dealer under the Regulation;
  - Issue a tax invoice;
  - Collect any amount of tax under the Regulation from customers; or
  - Claim input tax credit on their purchases.
5. Once the dealer has opted for the composition scheme, the option of withdrawal is available only after the end of the year in which the option is made. Thus, dealers have to continue under the instant scheme up to the end of the financial year and the option of withdrawal would be available only at the beginning of next financial year. However if the taxable turnover of the dealer exceeds Rs.50 lacs during the year, he shall be liable to pay tax under section 3 on and from the day his taxable turnover exceeds Rs.50 lacs. Such dealer shall intimate the Commissioner within 7n days of his becoming liable to pay tax under section 3.
6. The dealer opting for the composition scheme has to pay tax at rates specified in Section 4 of the Regulation on the stock of trading stock, raw materials, packaging material and finished goods lying with him on 1<sup>st</sup> April 2005, provided the goods have not suffered tax under the Dadra & Nagar Haveli Sales Tax Regulation.
7. The dealer opting for the composition scheme cannot claim input tax credit on the opening stock of trading stock, raw materials, packaging material and finished goods lying with by him on 1<sup>st</sup> April 2005, on which tax has already been levied under the Dadra & Nagar Haveli Sales Tax Regulation.
8. Dealers would be required to retain the tax invoices and retail invoices for all his purchases as required u/s 48 i.e. for a period of at least 7 years.

**Form DVAT 02: Annexure I**

(i) Details of Trading Stock as at 1<sup>st</sup> April, 2005 and tax payable thereon.

	Rate wise details of the Trading Stock	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April, 2005)

(ii) Details of Raw Material as at 1<sup>st</sup> April, 2005 and tax payable thereon.

	Rate wise details of the Raw Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April, 2005)

(iii) Details of Packaging Material as at 1<sup>st</sup> April, 2005 and tax payable thereon.

	Rate wise details of the Packaging Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April, 2005)

(iv) Details of Finished Goods as at 1<sup>st</sup> April, 2005 and tax payable thereon.

	Rate wise details of the Packaging Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 4%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

(\* As at 1<sup>st</sup> April, 2005)

**V. Verification**  
 I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (first name, middle, surname) \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Form DVAT 03**

(See Rule 5(4) of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Application For Withdrawal From Composition Scheme**

1. Registration No.																				
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2. Full Name of Applicant Dealer (For individuals, provide in order of first name, middle name, surname)																				

3. Nature of Business (Tick <input checked="" type="checkbox"/> all applicable)	<input type="checkbox"/> Trader	<input type="checkbox"/> Works Contractor	<input type="checkbox"/> Leasing	<input type="checkbox"/> Others (specify)
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4. Year in which withdrawal from composition scheme is sought*						-					
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\* hereinafter referred to as "current year"

5. Taxable Turnover in the preceding year (Rs.)														
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6. Reasons for withdrawal from composition scheme	

7. Input tax on goods purchased and lying in stock in Dadra & Nagar Haveli as at 1 <sup>st</sup> April of the year for which withdrawal is sought [under section 16(2)]	Description*	Input Tax (Rs.)										
	(i) Trading Stock											
	(ii) Raw Material											
	(iii) Packaging Material											
	Total											

(\* Please complete Annexure 1)

8. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____
Full Name (first name, middle, surname) _____
Designation _____

Place																				
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Date								
	Day	Month	Year					

**Instructions** for dealers withdrawing from the composition scheme (For details refer Section 16 (2) and 20 and Rule 5(4)):

1. The dealer opting for withdrawal from the composition scheme has to file the application within **30 days** from the beginning of the financial year for which the withdrawal is sought and the withdrawal would be effective only from the first day of that financial year and not from any other subsequent date.
2. The dealer would be eligible to claim tax credit on input tax paid under the Regulation on the trading stock, raw material and packaging material held by him in Dadra & Nagar Haveli on the date from which withdrawal is sought. The credit would be available on the basis of original tax invoice showing the tax component separately.
3. The restrictions and other disabilities prescribed under the composition scheme will cease.

**Form DVAT 03: Annexure I**

**(i) Details of trading stock on which credit has been sought**

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Purchase Price (Rs.)	Input Tax (Rs.)
Total					

**(ii) Details of raw material on which credit has been sought**

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Purchase Price (Rs.)	Input Tax (Rs.)
Total					

**(iii) Details of packaging material on which credit has been sought**

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Purchase Price (Rs.)	Input Tax (Rs.)
Total					

**(iv) Verification**  
 I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (first name, middle, surname) \_\_\_\_\_

Designation \_\_\_\_\_

Place

Date

Day      Month      Year

## **Form DVAT 04 – Cover Page**

(See Rule 12 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### **Application for Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005**

#### **Checklist of Supporting Documents**

<p><i>Please tick as applicable</i></p>
<p><b><u>Mandatory Supporting Documents</u></b></p>
<p><input type="checkbox"/> Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same )</p> <p><input type="checkbox"/> Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory</p> <p><input type="checkbox"/> Proof of identity of authorised signatory signing the Registration Application Form</p> <p><input type="checkbox"/> Two self addressed envelopes (Without stamps)</p> <p><input type="checkbox"/> In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application</p> <p><input type="checkbox"/> Proof of Security</p>
<p><b><u>Optional Supporting Documents (For reduction in Security Amount)</u></b></p>
<p><input type="checkbox"/> Proof of ownership of principle place of business</p> <p><input type="checkbox"/> Proof of ownership of residential property by proprietor/ managing partner</p> <p><input type="checkbox"/> Copy of passport of proprietor/ managing partner</p> <p><input type="checkbox"/> Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department</p> <p><input type="checkbox"/> Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)</p> <p><input type="checkbox"/> Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)</p>
<p style="text-align: center;"><b>Reasons for Rejection (For Office Use Only)</b></p> <p style="text-align: center;"><i>Please tick as applicable</i></p> <p><input type="checkbox"/> Not attached Mandatory Supporting Document(s) _____</p> <p><input type="checkbox"/> Other _____</p>

### Form DVAT 04

(See Rule 12 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																				

2. Trade Name (if any)																				
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Nature of Business <i>(Tick <input checked="" type="checkbox"/> all applicable)</i>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Leasing	<input type="checkbox"/> Works	<input type="checkbox"/> Others (specify)
Contractor _____					

4. Constitution of Business <i>(Tick <input checked="" type="checkbox"/> one as applicable)</i>	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Private Ltd. Company	<input type="checkbox"/> Public Sector Undertaking
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government Company	<input type="checkbox"/> Government Corporation
	<input type="checkbox"/> HUF	<input type="checkbox"/> Public Ltd. Company	<input type="checkbox"/> Govt Deptt/ Society/ Club/ Trust
	<input type="checkbox"/> Others, please specify _____		

5. Type of Registration	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary
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5A. Opting for composition scheme under section 16(2) of the Regulation?	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	--	------------------------------	-----------------------------

6. Annual Turnover Category	Tick <input checked="" type="checkbox"/> one	<input type="checkbox"/> Less than Rs. 5 lacs	<input type="checkbox"/> Rs. 5 lacs or above						
(a) Turnover in preceding financial year	Rs.								
(b) Expected turnover in the current financial year	Rs.								

7. Date from which liable for registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005			/			/		
	Day			Month			Year	

8. Permanent Account Number of the applicant dealer (PAN)																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Registration number under Central Excise Act (if applicable)																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Principle Place of Business	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Distict																			
	Email Id																			
	Telephone Number																			
Fax Number																				

11. Address for service of notice <i>(If different from principle place of business)</i>	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
	Email Id																		
Telephone Number																			
Fax Number																			

12. Number of additional places of business within or outside the state <i>(also please complete Annexure II)</i>	Godown / Warehouse		
	Factory		
	Shop		
	Other place(s) of business		

13. Details of main Bank Account	Account Number																		
	MICR Number																		
	Name of Bank																		
	Address of Bank																		

14. Details of investment in the business <i>(details should be current as on date of application)</i>	Own Capital (Rs.)																		
	Loans from Banks (Rs.)																		
	Other loans and borrowings (Rs.)																		
	Plant & Machinery (Rs.)																		
	Land & Building (Rs.)																		
Other assets & investments (Rs.)																			

15. Description of top 5 items you deal or propose to deal in <i>(1-highest volume to 5-lowest volume)</i>	Description of items																		
	1																		
	2																		
	3																		
	4																		
	5																		

16. Accounting Basis	<input checked="" type="checkbox"/> <i>one</i>	<input type="checkbox"/> Accrual	<input type="checkbox"/> Cash
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17. Frequency of filing of returns <i>(to be filled in by the dealer whose turnover is less than Rs. 5 crores in the preceeding year)</i>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	Tick one <input checked="" type="checkbox"/> if applicable
---	----------------------------------	------------------------------------	--

18. Security	(a) Amount of Security	Rs.																	
	(b) Type of Security																		
	(c) Date of expiry of Security			/			/												
		Day		Month			Year												

19. Number of persons having interest in business	(also please complete Annexure I for each such person)																		
20. Number of managers																			
21. Number of authorised signatories																			
22. Name of Manager																			
	First Name						Middle Name						Surname						

\* if more than one manager, attach particulars for additional managers on a separate sheet

23. Name of Authorized																			
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# Form DVAT 04: Annexure I

**Particulars of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business**

1. Full Name of Applicant Dealer (For individuals, provide in order of first name, middle name, surname)																				

2. Registration No*:																				
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*This field is applicable when applying for amendment of registration in Form DVAT 07

3. Full Name of Person (Provide in order of first name, middle name, surname)																				

4. Date of birth			/			/					5. Gender (tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
------------------	--	--	---	--	--	---	--	--	--	--	--	-------------------------------	---------------------------------

6. Father's / Husband's name																				
	First Name							Middle Name							Surname					

7. PAN :																				
8. Passport No.																				

9. E-mail address																				
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Residential Address (If different from principle place of business)	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
Fax Number																				

11. Permanent Address (If different from residential address)	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Telephone Number																			
Fax Number																				

12. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____
Full Name (first name, middle, surname) _____
Designation _____

Place																				
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date			/			/				
	Day			Month				Year		

## Form DVAT 04: Annexure II

### Details of additional places of business

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

2. Registration No.	
---------------------	--

*\*This field is applicable when applying for amendment of registration in Form DVAT 07*

3. Details of Additional Places of Business *(attach additional sheets if required)*

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business					
Address	Building Name/ Number								
	Area/ Road								
	Locality/ Market								
	Pin Code								
	Email Id								
	Telephone Number								
	Fax Number								
	Date of establishment	/			/				
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>		Day	Month	Year					

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business					
Address	Building Name/ Number								
	Area/ Road								
	Locality/ Market								
	Pin Code								
	Email Id								
	Telephone Number								
	Fax Number								
	Date of establishment	/			/				
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>		Day	Month	Year					

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																				

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																				

4. Verification  
 I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name *(first name, middle, surname)* \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                   Day                  Month                  Year





**Instructions** for filling Registration Form (DVAT-04) (For details refer to Section 19 and Rule 12)

1. Please fill in all the details in CAPITAL letters.
2. Please note that you are **mandatorily** required to register if you:
  - (i) had turnover of more than Rupees 5 lakhs in the preceding financial year; or
  - (ii) exceed turnover of Rupees 5 lakhs in the current year; or
  - (iii) are liable to pay tax, or are registered or required to be registered under Central Sales Tax Act, 1956
3. Please note that irrespective of the quantum of turnover of the business, a dealer may apply for voluntary registration under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.
4. For field 3, an **“importer”** means -
  - (i) a person who brings his own goods into Dadra & Nagar Haveli; or
  - (ii) a person on whose behalf another person brings goods into Dadra & Nagar Haveli; or
  - (iii) in the case of a sale occurring in the circumstances referred to in sub-section 2 of section 6 of the Central Sales Tax Act, 1956, the person in Dadra & Nagar Haveli to whom the goods are delivered
5. The application for registration under this Regulation should be filed within **30 days** from the date of person becoming liable for payment of tax.
6. For **field 8**, if the business does not have a PAN, then please mark ‘Applied for’ or ‘N/A’ as applicable.
7. For **field 15**, please fill the description of top 5 items on the basis of value of goods sold.
8. In case any of these details change, the dealer is required to intimate the department of the amendments within **one month** of the change.
9. The form has to be filled and signed by the authorised signatory of the business.
10. Businesses with a turnover of more than Rs 5 crores are mandatorily required to file returns every month. Businesses with a turnover of less than Rs 5 crores are required to file returns every quarter. They may however, elect to file their returns every month.
11. Registration application should be verified and signed by the following:
  - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by his guardian or by any other person competent to act on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principle officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii) in the case of any other person, by some person competent to act on his behalf.

**Instructions** for filling Registration Form (Annexures I, II and III)

1. In case of partnerships, Annexure I to be filled and signed by the managing partner plus top 4 other partners.
2. In case of companies, Annexure I to be filled and signed by the company secretary, the managing director and 3 other directors.
3. If required, make additional copies of the Annexures and attach with application form for registration (DVAT-04).
4. An amendment would be required each time a person changes (and not when the details of an existing person change)
5. In case of minors, the specimen signature of guardian/ trustee should be furnished.
6. In case of Annexure III, it is to be filled and signed by the person whose details are given in the Annexure.
7. Every sheet filled in the Annexures has to be signed by the same person (authorised signatory) who has signed the registration application.
8. In case any of the Annexures are not applicable, please strike off the same and write ‘Not Applicable’ on the said Annexure.

**Method of Calculating Security Amount**

<b>Prescribed Security Amount</b>		<b>(Rs)</b>	<b>50,000</b>
<b>Reduction sought (Maximum reduction available Rs. 25,000)</b>			<b>Rebate (Rs)</b>
1	Proof of ownership of principle place of business		15,000
2	Proof of ownership of residential property by proprietor/ managing partner		10,000
3	Copy of passport of proprietor/ managing partner		5,000
4	Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department		5,000
5	Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)		5,000
6	Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)		2,500

## Form DVAT 05

*(Rule 13 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)*

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)  
\_\_\_\_\_ (Address of the dealer)

### Notice Proposing Rejection of Registration Application

This is further to your application submitted on << Application Date >> for registration under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.

The Department has examined your application and is not satisfied with it for the following reasons:

<< Reasons >>

You are required to show cause before << date >> (not more than 15 days) as to why your application should not be rejected for the above-mentioned reasons.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please write the Reference No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

***Form DVAT 06***

(See Rule 14 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Certificate of Registration for under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

1. Full Name of Dealer
2. Trade Name
3. Registration Number
4. Date of Liability
5. Date of Validity

- |            |                             |
|------------|-----------------------------|
| 6. Address | Building Name/ Number _____ |
|            | Area/ Road _____            |
|            | Locality/ Market _____      |
|            | Pin Code _____              |

Signature and Seal of VAT Authority

Name:

Designation:

Place:

Date:

**Note:** The registration certificate shall be prominently displayed at all places of business and it shall be produced on demand by any person exercising authority under the Regulation and Rules. The failure to do so would result in cancellation of registration of dealer.

## ***Form DVAT 07 – Cover Page***

*(See Rule 15 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)*

Application for Amendment in Particulars subsequent to Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

### Checklist of Supporting Documents

*Please tick as applicable*

#### **Mandatory Supporting Documents**

- Annexures of the Form duly filled in (in case any of the annexures is not applicable, please mention the same )
- Proof of incorporation of the applicant dealer i.e. Copy of deed of constitution (partnership deed (if any), certificate of registration under the Societies Act, Trust deed, Memorandum and Articles of Association etc) duly certified by the authorised signatory
- Proof of identity of authorised signatory signing the Registration Application Form
- Two self addressed envelopes (Without stamps)
- In case of a dealer applying for registration and simultaneously opting for payment of tax under composition scheme, please attach application in Form DVAT 01 along with this application
- Proof of Security

#### **Optional Supporting Documents (For reduction in Security Amount)**

- Proof of ownership of principle place of business
- Proof of ownership of residential property by proprietor/ managing partner
- Copy of passport of proprietor/ managing partner
- Copy of Permanent Account Number in the name of the business allotted by the Income Tax Department
- Copy of last electricity bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)
- Copy of last telephone bill (The bill should be in the name of the business and for the address specified as the main place of business in the registration form)

#### ***Reasons for Rejection (For Office Use Only)***

*Please tick as applicable*

- Not attached Mandatory Supporting Document(s) \_\_\_\_\_
- Other \_\_\_\_\_

**Form DVAT 07**

(See Rule 15 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Amendment(s) in Particulars subsequent to Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

A. Registration No	
--------------------	--

B. Full Name of Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

**C. Amendment summary**

*(Please put field reference in which amendments are sought, date of amendment and reason for amendment(s). attach additional sheets if required)*

Field Ref.	Date (mm/dd/yy)	Reason(s)

**(Please fill in only those fields that are to be amended. All other fields should be left blank or struck out)**

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

2. Trade Name (if any)	
------------------------	--

3. Nature of Business <i>(Tick <input checked="" type="checkbox"/> all applicable)</i>	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Leasing <input type="checkbox"/> Works <input type="checkbox"/> Others (specify) _____ <div style="text-align: right; margin-right: 50px;">Contractor</div>
---	---

4. Constitution of Business <i>(Tick <input checked="" type="checkbox"/> one as applicable)</i>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Private Ltd. Company <input type="checkbox"/> Public Sector Undertaking <input type="checkbox"/> Partnership <input type="checkbox"/> Government Company <input type="checkbox"/> Government Corporation <input type="checkbox"/> HUF <input type="checkbox"/> Public Ltd. Company <input type="checkbox"/> Govt Dept/ Society/ Club/ Trust <input type="checkbox"/> Others, please specify _____
--	---

5. Type of Registration	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary
-------------------------	--

5A. Opting for composition scheme under section 16(2) of the Regulation?	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

6. Annual Turnover Category	Tick <input checked="" type="checkbox"/> one <input type="checkbox"/> Less than Rs. 5 lacs <input type="checkbox"/> Rs. 5 lacs or above
-----------------------------	---

(c) Turnover in preceding financial year	Rs.																		
(d) Expected turnover in the current financial year	Rs.																		

7. Date from which liable for registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005															
	Day	Month	Year												

8. Permanent Account Number of the applicant dealer (PAN)																			
9. Registration number under Central Excise Act (if applicable)																			

10. Principle Place of Business	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
	Email Id																		
	Telephone Number																		
	Fax Number																		

11. Address for service of notice (If different from principle place of business)	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
	Email Id																		
	Telephone Number																		
	Fax Number																		

12. Number of additional places of business within or outside the state (also please complete Annexure II)	Godown / Warehouse																		
	Factory																		
	Shop																		
	Other place(s) of business																		

13. Details of main Bank Account	Account Number																		
	MICR Number																		
	Name of Bank																		
	Address of Bank																		

14. Details of investment in the business (details should be current as on date of application)	Own Capital (Rs.)																		
	Loans from Banks (Rs.)																		
	Other loans and borrowings (Rs.)																		
	Plant & Machinery (Rs.)																		
	Land & Building (Rs.)																		
	Other assets & investments (Rs.)																		

15. Description of top 5 items you deal or propose to deal in (1-highest volume to 5-lowest volume)		Description of items
	1	
	2	
	3	
	4	
	5	

16. Accounting Basis	<input checked="" type="checkbox"/> one	<input type="checkbox"/> Accrual	<input type="checkbox"/> Cash
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17. Frequency of filing of returns (to be filled in by the dealer whose turnover is less than Rs. 5 crores in the preceeding year)  Monthly  Quarterly Tick one  if applicable

18. Security (for modification, please complete Annexure IV)	(a) Amount of Security Rs.												
	(b) Type of Security												
	(c) Date of expiry of Security			/			/						
		Day			Month					Year			

19. Number of persons having interest in business (also please complete Annexure I)				
--	--	--	--	--

20. Name of Manager																
	First Name				Middle Name				Surname							

21. Name of Authorised Signatory*																
	First Name				Middle Name				Surname							

\* Please complete Annexure III

22. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.  Signature of Authorised Signatory _____  Full Name _____  Designation _____
--

Place																				
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date							
	Day	Month	Year				

Department of Value Added Tax

### Form DVAT 07: Annexure I

*Amendment of existing particulars / addition of person [proprietor/ karta/ partners/ directors in the business / Members of Executive Committee of societies, clubs etc.] having interest in the business*

Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Amendment
Date of change (mm/dd/yy)			

- *In case of amendments of existing particulars, please fill in Fields 1, 2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.*
- *In case of deletion of a person, please fill in Fields 1, 2 & 3 only*
- *in case of addition of a new person, please complete the Form in full*

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

2. Registration No*:	
----------------------	--

3. Full Name of Person <i>(Provide in order of first name, middle name, surname)</i>	
---	--

4. Date of birth	/		/	5. Gender (tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
------------------	---	--	---	--	-------------------------------	---------------------------------

6. Father's / Husband's name		
	First Name	Middle Name
	Surname	

7. PAN :	8. Passport No.
----------	-----------------

9. E-mail address	
-------------------	--

10. Residential Address <i>(If different from principle place of business)</i>	Building Name/ Number	
	Area/ Road	
	Locality/ Market	
	Pin Code	
	Telephone Number	
	Fax Number	

11. Permanent Address <i>(If different from residential address)</i>	Building Name/ Number	
	Area/ Road	
	Locality/ Market	
	Pin Code	
	Telephone Number	
	Fax Number	

12. Verification	
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	
Full Name <i>(first name, middle, surname)</i>	
Designation	

Place	
-------	--

Date	/		/	
Day		Month		Year

## Form DVAT 07: Annexure II

Details of additions / closure / amendment in particulars of additional places of business  
(Please complete all details in full for all cases of additions, closures, amendments in particulars)

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

2. Registration No.	
---------------------	--

3. Details of Additional Places of Business	<i>(attach additional sheets if required)</i>
---	---

Type <input type="checkbox"/> Godown / Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Shop <input type="checkbox"/> Other place of business																	
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure <input type="checkbox"/> Addition <input type="checkbox"/> Amendment																
Date of change (mm/dd/yy)																	
Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Building Name/ Number</td><td style="width: 50%;"></td></tr> <tr><td>Area/ Road</td><td></td></tr> <tr><td>Locality/ Market</td><td></td></tr> <tr><td>Pin Code</td><td></td></tr> <tr><td>Email Id</td><td></td></tr> <tr><td>Telephone Number</td><td></td></tr> <tr><td>Fax Number</td><td></td></tr> <tr><td>Date of establishment</td><td>Day / Month / Year</td></tr> </table>	Building Name/ Number		Area/ Road		Locality/ Market		Pin Code		Email Id		Telephone Number		Fax Number		Date of establishment	Day / Month / Year
Building Name/ Number																	
Area/ Road																	
Locality/ Market																	
Pin Code																	
Email Id																	
Telephone Number																	
Fax Number																	
Date of establishment	Day / Month / Year																
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																	

Type <input type="checkbox"/> Godown / Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Shop <input type="checkbox"/> Other place of business																	
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure <input type="checkbox"/> Addition <input type="checkbox"/> Amendment																
Date of change (mm/dd/yy)																	
Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Building Name/ Number</td><td style="width: 50%;"></td></tr> <tr><td>Area/ Road</td><td></td></tr> <tr><td>Locality/ Market</td><td></td></tr> <tr><td>Pin Code</td><td></td></tr> <tr><td>Email Id</td><td></td></tr> <tr><td>Telephone Number</td><td></td></tr> <tr><td>Fax Number</td><td></td></tr> <tr><td>Date of establishment</td><td>Day / Month / Year</td></tr> </table>	Building Name/ Number		Area/ Road		Locality/ Market		Pin Code		Email Id		Telephone Number		Fax Number		Date of establishment	Day / Month / Year
Building Name/ Number																	
Area/ Road																	
Locality/ Market																	
Pin Code																	
Email Id																	
Telephone Number																	
Fax Number																	
Date of establishment	Day / Month / Year																
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																	

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																	
Date of change (mm/dd/yy)																				
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																				

Type	<input type="checkbox"/> Godown / Warehouse	<input type="checkbox"/> Factory	<input type="checkbox"/> Shop	<input type="checkbox"/> Other place of business																
Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Closure	<input type="checkbox"/> Addition	<input type="checkbox"/> Amendment																	
Date of change (mm/dd/yy)																				
Address	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
	Email Id																			
	Telephone Number																			
	Fax Number																			
	Date of establishment			/			/													
	Day		Month		Year															
State local sales tax/VAT/CST registration number <i>(if place of business is situated outside Dadra &amp; Nagar Haveli)</i>																				

4. Verification  
 I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name *(first name, middle, surname)* \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                   Day                   Month                   Year

**Form DVAT 07: Annexure III**

**Addition / Deletions / Amendments in Particulars of the authorized signatory**

Nature of change (tick <input checked="" type="checkbox"/> as applicable)	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion	<input type="checkbox"/> Amendment
Date of change (mm/dd/yy)			

- *(In case of amendments of existing particulars, please fill in Fields 1, 2 & 3 and thereafter only those fields that are to be amended. All other fields should be left blank or struck out.*
- *(in case of addition of a new person, please complete the Form in full)*

1. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
--	--

2. Registration No.	
---------------------	--

3. Name of Authorised Signatory <i>(Provide in order of first name, middle name, surname)</i>	
--	--

4. Date of birth	/		/		5. Gender (tick <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
------------------	---	--	---	--	--	-------------------------------	---------------------------------

6. Father's / Husband's name	First Name	Middle Name	Surname
------------------------------	------------	-------------	---------

7. PAN :	8. Passport No.
----------	-----------------

9. E-mail address	
-------------------	--

10. Residential Address <i>(If different from principle place of business)</i>	Building Name/ Number Area/ Road Locality/ Market Pin Code Telephone Number Fax Number	
---	---	--

11. Permanent Address <i>(If different from residential address)</i>	Building Name/ Number Area/ Road Locality/ Market Pin Code Telephone Number Fax Number	
---	---	--





**Instructions** for filling Form DVAT 07: (For details please refer to Section 21 and Rule 15)

1. Please remember to fill in your registration number at all places provided
2. Please note that the following supporting documents, if applicable, have to be submitted along with the amendment application:
  - (i) Proof of change in the name of the business.
  - (ii) Proof of change in the principal/ other places of business.
  - (iii) Documents evidencing acquisition of business or sale or disposal of business in part.
  - (iv) Proof of change in constitution of the business.
3. Please note that this form has to be verified and signed by the following:
  - (i) in the case of an individual, by the individual himself, and where the individual is absent from India, either by the individual or by  
some person duly authorised by him in this behalf and where the individual is mentally incapacitated from attending to his affairs, by  
his guardian or by any other person competent to Regulation on his behalf;
  - (ii) in the case of a Hindu Undivided Family, by a Karta and where the Karta is absent from India or is mentally incapacitated from attending to his affairs, by any other adult member of such family;
  - (iii) in the case of a company or local authority, by the principal officer thereof;
  - (iv) in the case of a firm, by any partner thereof, not being a minor;
  - (v) in the case of any other association, by any member of the association or persons;
  - (vi) in the case of a trust, by the trustee or any trustee; and
  - (vii) in the case of an other person, by some person competent to Regulation on his behalf.
4. In case any Annexure is not applicable, please strike off the same and write 'Not Applicable' on the face of the said Annexure.

**Form DVAT 08**

(See Rule 15 (2) of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

**Amendment of existing registration**

Please refer to your application for amendment of registration certificate << Certificate number and date of issue >> filed on << Application Date >>. The following amendments to your registration details have been allowed with effect from the date mentioned against each:

<< Field >> changed from << Old Value >> to << New Value >><< with effect from >>,  
<< Field >> changed from << Old Value >> to << New Value >><< with effect from >>,  
<< Field >> changed from << Old Value >> to << New Value >><< with effect from >>.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please write your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 09 Cover Page**

(See Rule 16 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Cancellation of Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

Checklist of Supporting Documents

<b>Please tick as applicable</b>
<b>Mandatory Documents</b>
<input type="checkbox"/> Certificate of registration issued to the dealer
<b>Supporting Documents</b>
<input type="checkbox"/> Proof of discontinuance of business
<input type="checkbox"/> Proof of closure of incorporated body
<input type="checkbox"/> Proof of death of sole proprietor
<input type="checkbox"/> Proof of dissolution of firm
<input type="checkbox"/> Proof that the dealer has ceased to be liable to pay tax
<input type="checkbox"/> Others, please specify _____

**Reasons for Rejection (For Office Use Only)**

<b>Please tick as applicable</b>
<input type="checkbox"/> Not attached Mandatory Supporting Document(s) _____
<input type="checkbox"/> Other _____

### Form DVAT 09

(See Rule 16 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for Cancellation of Registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

Please **attach your tax return** for the tax period in which the effective date of cancellation of your registration falls. Please remember that if you are registered under the Central Sales Tax Act, you will have to file a separate application for the purpose of cancellation of that registration.

1. Registration No.														
---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Full Name of Applicant Dealer <small>(For individuals, provide in order of first name, middle name, surname)</small>															
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Trade Name (if any)															
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Reason for Cancellation

Tick  one

<input type="checkbox"/> Discontinuance of business	<input type="checkbox"/> Closure of incorporated body
<input type="checkbox"/> Death of sole proprietor	<input type="checkbox"/> Dissolution of firm
<input type="checkbox"/> Has ceased to be liable to pay tax	<input type="checkbox"/> Others, please specify _____

5. Date from which registration under Dadra & Nagar Haveli Value Added Tax Regulation, 2005 is to be cancelled		/		/	
	Day		Month		Year

6. Where the dealer has accounted for turnover on the basis of amounts received and amounts paid-	Description*	(Rs.)															
	(i) Amounts not yet received in respect of sales made																
	(ii) Amounts not yet paid in respect of purchases made																

7. Amount payable in respect of all goods held on the date of cancellation of registration* Rs.															
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(\* Complete Annexure to furnish details of stock and calculation of amount payable under section 23 (1) of the Regulation)

8. Verification

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name \_\_\_\_\_

Designation \_\_\_\_\_

Place																			
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date										
	Day		Month		Year					



Department of Value Added Tax

***Form DVAT 10***

(See Rule 16 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

**Show Cause Notice for Cancellation of Registration**

Whereas on the basis of information which has come to my knowledge, I am satisfied that your registration needs to be cancelled with effect from << Date of cancellation >> for the following reasons:

<< Reasons >>

You are hereby directed to appear before the undersigned on \_\_\_\_\_ (date and time) to show cause as to why your registration should not be cancelled.

Please take a note that in the event of your failure to comply with this notice; your registration would stand cancelled with effect from << Date of cancellation >> without any further notice in this regard.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please write your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

***Form DVAT 11***

(See Rule 16 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

**Cancellation of Registration**

With reference to show cause notice dated << Notice Date >>, wherein your registration was proposed to be cancelled for reasons mentioned in the notice with effect from <<date of cancellation>>, and,

Whereas the on the day fixed for hearing you did not appear / did not file reply to show cause notice, or

Whereas you appeared on the appointed date and furnished the explanation which has been considered and your reply to the show cause notice is not found to be satisfactory for the following reasons:

<< Reasons >>

Therefore, I hereby cancel the registration granted to you under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 with effect from <<date of cancellation>>

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please write your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 12**

(See Rule 23 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Form for furnishing Security

1. Registration No.																				
---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																				

**3. Details of Security Already Submitted**

S.No.	Purpose of security	Type of security	In case of Bank Guarantee, name and address of bank on which it is drawn	Description and details of security	Amount (Rs.)	Date of expiry (mm/dd/yy)

**4. Details of Security Now Being Furnished**

S.No.	Purpose of security	Type of security	In case of Bank Guarantee, name and address of bank on which it is drawn	Description and details of security	Amount (Rs.)	Date of expiry (mm/dd/yy)

<p>5. Verification</p> <p>I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.</p> <p>Signature of Authorised Signatory _____</p> <p>Full Name <i>(first name, middle, surname)</i> _____</p> <p>Designation _____</p>
---

Place																				
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date							
	Day	Month	Year				

### Form DVAT 13

(See Rule 24 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application for return, release or discharge of security

1. Registration No.																				
---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Full Name of Applicant Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																				

3. Reason for return, release or discharge of security <i>(in detail)</i>	

**4. Details of Security sought to be released**

S.No.	Purpose of security	Type of security	In case of Bank Guarantee, name and address of bank on which it is drawn	Description and details of security	Amount (Rs.)	Date of expiry (mm/dd/yy)

<p>5. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.</p> <p>Signature of Authorised Signatory _____</p> <p>Full Name <i>(first name, middle, surname)</i> _____</p> <p>Designation _____</p>
--

Place																				
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date							
	Day	Month	Year				

***Form DVAT 14***

(See Rule 25 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

Notice for forfeiture and insufficiency of security

Whereas on the basis of the information which has come to my knowledge, I am satisfied that the security <<specify nature of security proposed to be forfeited or has become insufficient >> furnished by you is required to be forfeited/has become insufficient with effect from <<specify the date from which the security is proposed to be forfeited or has become insufficient>> for the following reasons:

<< Reasons >>

1.

2.

3.

You are hereby directed to appear before undersigned at \_\_\_\_\_ (place) on \_\_\_\_\_ (date and time) to show cause as to why the above-mentioned security should not be forfeited or why you should not be required to make good the deficiency in the amount of security for the above-mentioned reasons.

Please take note that in the event of your failure to comply with this notice; the above-mentioned security would stand forfeited or would be treated as insufficient with effect from << Date of forfeiture/insufficiency >> without any further notice in this regard and consequential action shall follow.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 15**

(See Rule 25 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

Order of forfeiture of security

Whereas a show cause notice dated << Notice Date >> was issued to the above named dealer, wherein his security was proposed to be forfeited or was insufficient for reasons mentioned in the notice with effect from <<date of forfeiture/insufficiency>>, and,

Whereas the dealer on the day fixed for hearing failed to appear and file reply to the said show cause notice,

or

Whereas the dealer appeared on the day fixed for the hearing and furnished the explanation which has been considered and the reply to the said show cause notice is not found to be satisfactory for the following reasons:

<< Reasons >>

- 1.
- 2.
- 3.

Therefore, I hereby forfeit the security furnished by the above named dealer under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 with effect from <<date of forfeiture>>

or

Therefore, I hereby order that the security furnished by the above named dealer under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 is insufficient from <<date of insufficiency>>

Further, the above named dealer is hereby directed to make good the above mentioned deficiency of security in <<form of security>> within fifteen days from the date of service of this order.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 16**

(See Rule 28 and 29 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Dadra & Nagar Haveli Value Added Tax Return**

Original / Revised

If revised –

Date of original return \_\_\_\_\_

Acknowledgement  
No. \_\_\_\_\_

Attach a note explaining the revisions.

<b>R1 Tax Period</b>	<b>From</b>			/			/		<b>To</b>			/		
		mm			dd					mm			dd	yy

<b>R2.1</b> Registration No/ TIN																				
<b>R2.2</b> Full Name of Dealer																				
<b>R2.3</b> Address																				
<b>R2.2</b> Full Name of Dealer																				
<b>R2.4</b> Entitlement Certificate No. and Date of Completion of Exemption																				

<b>R3</b> Description of top 3 items you deal in (In order of volume of sales for the tax period. 1-highest volume to 3-lowest volume)	1	
	2	
	3	

<b>R4</b> Turnover	Turnover (Rs.)										Output tax (Rs.)									
<b>R4.1</b> Goods taxable at 1%																				
<b>R4.2</b> Goods taxable at 4%																				
<b>R4.3</b> Goods taxable at 12.5%																				
<b>R4.4</b> Goods taxable at 20%																				
<b>R4.5</b> Works contract taxable at 12.5%																				
<b>R4.6</b> Exempt sales (Item in 1 <sup>st</sup> Schedule)																				
<b>R4.7</b> Goods Manufactured, Processed and assembled by eligible unit																				
<b>R4.8</b> Output Tax before adjustments										Sub Total (A)										
<b>R4.9</b> Adjustments to output tax (Complete Schedule I and enter Total S1.2 here)										(B)										
<b>R4.9</b> Total Output Tax (A+B)																				

<b>R5</b> Turnover of Purchases	Purchases (Rs.)										Tax Credits (Rs.)									
<b>R5.1</b> Purchases of capital goods in Daman and Diu																				
<b>R5.2</b> Purchases of other goods in Daman and Diu except non creditable goods																				
<b>R5.3</b> Purchases of non creditable goods in Daman & Diu																				
<b>R5.4</b> Tax credit before adjustments										Sub Total (A)										
<b>R5.5</b> Adjustments to tax credits (Complete Schedule I and enter Total S2.2 here)										(B)										
<b>R5.5</b> Total Tax Credits										(A+B)										

<b>R6.1</b> Net Tax	<b>(R4.9) – (R5.5)</b>																			
<b>R6.2</b> Add : Interest, penalty or other government dues																				
<b>R7</b> Balance	<b>(R6.1+R6.2-R6.3)</b>																			

<b>IF THE BALANCE ON LINE R7 IS POSITIVE, PAY TAX AND PROVIDE DETAILS IN THIS BOX</b>																			
Balance brought forward from line R7																			
<b>R8.1</b> Challan number by which payment made (Attach proof of payment with the return)																			
<b>R8.2</b> Date of payment												/		/					

<b>IF THE BALANCE ON LINE R7 IS NEGATIVE, PROVIDE DETAILS IN THIS BOX AND FILL ANNEXURE-II</b>																			
Balance brought forward from line R7																			
<b>R9.1</b> Adjusted against liability under Central Sales Tax																			
<b>R9.2</b> Balance carried forward to next tax period																			
<b>R9.3</b> Balance due for Refund at the end of financial year																			



**Schedule I**

(To be attached with the return where adjustments in Output Tax or Tax Credits are made)

**S1.1 Adjustments to Output Tax**

Nature of Adjustment	Increase in Output Tax (A)	Decrease in Output Tax (B)
Sale cancelled [Section 8(1) (a)]		
Nature of sale changed [Section 8(1) (b)]		
Change in agreed consideration [Section 8(1) (c)]		
Goods sold returned [Section 8(1)(d)]		
Bad debts written off [Section 8(1) (e) and Rule 7A]		
Bad debts recovered [Rule 7A(3)]		
Tax payable on goods held on the date of cancellation of registration (Section 23)		
Other adjustments , if any (specify)		
<b>Total</b>		

<b>S1.2 Total net increase / (decrease) in Output Tax</b>	(A-B)	
---	-------	--

**S2.1 Adjustments to Tax Credits**

Nature of Adjustment	Increase in Tax Credit (C)	Decrease in Tax Credit (D)
Tax credit carried forward from previous tax period		
Receipt of debit notes from the seller [Section 10(1)]		
Receipt of credit notes from seller [Section 10(1)]		
Goods purchased returned or rejected [Section 10(1)]		
Change in use of goods, for purposes other than for which credit is allowed [Section 10(2)(a)]		
Change in use of goods for purposes for which credit is allowed [Section 10(2)(b)]		
Tax credit disallowed in respect of stock transfer out of Dadra & Nagar Haveli [Section 10(3)]		
Tax credit for Transitional stock held on 1 <sup>st</sup> April 2005 (Section 14)		
Tax credit for purchase of Second-hand goods (Section 15)		
Tax credit for goods held on the date of withdrawal from Composition Scheme [Section 16(2)]		
Tax credit for trading stock and raw materials held at the time of registration (Section 20)		
Tax credit disallowed for goods lost or destroyed (Rule 7)		
Balance tax credit on capital goods [Section 9(9)(a)]		
Other adjustments if any (specify)		
<b>Total</b>		

<b>S2.2 Total net Increase / (decrease) in Tax Credits</b>	(C-D)	
--	-------	--

# Form DVAT 17

(See Rule 28 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

## Composition Tax Return Form under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005

Is it a Revised Returns

- Yes  
 No

(If yes please fill up details in fields A and B and attach explanatory notes regarding discovery of mistake or error in the original return)

A. Receipt/Challan No. and date of original return filed

B. Date of discovery of mistake or error

**Registration No.**

**Return Period**

From ----- To-----

1. Name of the Dealer
2. Address of the Dealer
3. Total Sales in period.....
4. Composition rate of tax.....
5. Output Tax .....
6. Tax Paid .....
7. Tax Deducted at Source (TDS) .....  
(Attach original TDS certificates)
8. Balance Payable / Refundable (5-6-7).....
9. Add: Interest .....
10. Total .....
11. Details of payment of tax  
(including proof of payment)
12. Challan No. and date

13. Verification

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given in this form and attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of authorised signatory

Name

Designation

Place

Date

\_\_\_ / \_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

Department of Value Added Tax

## Form DVAT 18

(See Rule 30 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Statement of Tax paid Stock in hand on April 1, 2005

1. Registration No.										
---------------------	--	--	--	--	--	--	--	--	--	--

2. Full Name of Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																			
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Total Value of the trading stock, raw material and Packaging material for trading stock held in Dadra & Nagar Haveli as on 1 <sup>st</sup> April 2005	Description*	Value (Rs.)	Tax Borne (Rs.)																	
	(i) Trading Stock																			
	(ii) Raw Material																			
	(iii) Packaging Material																			
	Total																			

(\* Please complete Annexure 1)

4. Tax Credit Claimed	(total of tax borne from (3) above)	Rs.								
-----------------------	-------------------------------------	-----	--	--	--	--	--	--	--	--

<b>5. Verification</b> I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. Further certified that the particulars indicated above are the correct version of the documents, which are in my/our possession and can be produced before the Value Added Tax Department on demand.	
Signature of Authorised Signatory	
Full Name <i>(first name, middle, surname)</i>	
Designation	

Place																			
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date								
Day	Month	Year						

<b>6. Accountant's Certification</b> Certified that I have personally verified the documents as stated above and certify that the details of the tax credit claimed by the dealer is true and correct as per section 14 of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.	
Signature	
Full Name <i>(first name, middle, surname)</i>	
Membership Number	

Place																			
-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date								
Day	Month	Year						

Accountant's Seal

**Instructions** for filling the statement (For details please refer to Section 14 and Rule 30)

- The statement has to be submitted within **4 months** from 1<sup>st</sup> April, 2005.

2. The statement has to be furnished by a registered dealer wishing to claim credit under section 14 (2).
3. The goods on which credit is being claimed should be physically held in Dadra & Nagar Haveli by the dealer on **1<sup>st</sup> April, 2005**.
4. The goods on which credit is being claimed should have been purchased on or after **1<sup>st</sup> April, 2005** from a dealer registered under Dadra & Nagar Haveli Sales Tax Act, 1964 and the dealer should have in his possession the invoices.
5. The goods in the stock were **taxable at first point** under Dadra & Nagar Haveli Sales Tax Act, 1964.
6. The tax credit on the stock **cannot** be claimed:
  - for finished goods manufactured out of tax paid raw material or capital goods;
  - for any goods that were taxable at last point under Dadra & Nagar Haveli Sales Tax Act, 1964;
  - in a statement furnished more than four months after the commencement of the Regulation;
  - for opening stock held outside Dadra & Nagar Haveli.
7. The dealer should claim the entire amount of credit to which he is entitled in a **single statement**.
8. Every dealer wishing to claim tax credit in excess of one lakh rupees shall furnish with the statement a **certificate signed by an accountant**, certifying that the net credit claimed is true and correct.
9. If the dealer is holding any stock which has **not suffered tax** under the Dadra & Nagar Haveli Sales Tax Act, 1964, in that case he will also furnish a statement in respect of such stock in Form DVAT-18A.





### Form DVAT 19: Annexure

**(i) Details of trading stock on which credit has been sought**

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Value (Rs.)	Input Tax (Rs.)
Total					

**(ii) Details of raw material on which credit has been sought**

S.No.	Tax Invoice date	Tax Invoice No.	Supplier Registration no. under the Regulation	Value (Rs.)	Input Tax (Rs.)
Total					

**(iii) Verification**

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (*first name, middle, surname*) \_\_\_\_\_

Designation \_\_\_\_\_

Place

Date

Day                      Month                      Year





**Form DVAT 20**

(See Rule 28 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Challan for Dadra & Nagar Haveli Value Added Tax

(Part C – to be attached by the dealer alongwith return / application)

Reserve Bank of India /  
State Bank of India

at..... (Branch)

for the period from .....  
to.....

**Credited:** Consolidated Fund of India

**Head:** 0040, Value Added Tax Receipts – Value Added Tax Receipts

1. Registration No.																			
2. Full Name of Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>																			
3. Dealer's address	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
4. Payment on account of		Code	Amount (Rs.)																
(i) Tax																			
(ii) Interest																			
(iii) Penalty																			
(iv) Others																			
Total																			

Total amount paid (in words) : Rupees \_\_\_\_\_

Signature of depositor \_\_\_\_\_  
 Name \_\_\_\_\_  
 Position (Eg. Manager, Partner, etc.) \_\_\_\_\_  
 Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

FOR USE IN TREASURY

Received payment of Rs.....  
 (Rupees.....)  
 Date of entry.....

TREASURY

SEAL

ACCOUNTANT



**Form DVAT 21**

(See Rule 34 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Dadra & Nagar Haveli Value Added Tax Refund Claim Form

1. Registration No.	
2. Full Name of Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>	
3. Dealer's address	Building Name/ Number
	Area/ Road
	Locality/ Market
	Pin Code
4. Tax refund claimed (attach supporting documents)	Rs.
5. Financial year for which Refund Claim	
6. Ground for claiming refund <i>(provide reasons in detail, attach additional sheets if required)</i>	
7. Verification	
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name <i>(first name, middle, surname)</i>	_____
Designation	_____
Place	
Date	
Day	Month
Year	

**Instructions for filling Refund Form (DVAT-21)**

1. Please give the particular detail of the Refund Claim.
2. Please attach a certified copy of judgment or order in case the refund arises out of a judgment of a Court or an order of any authority under the Regulation.

**Form DVAT 21A**

(See Rule 34 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

Notice for furnishing security for granting refund

This is in response to your application for refund submitted in form DVAT-21 on <<<Date of deposit of form>>, claiming a refund of Rs. \_\_\_\_\_ (in figures) \_\_\_\_\_ (in words) ; and

The said application has been examined and duly verified by the Dadra & Nagar Haveli Value Added Tax Department. However, the refund of Rs. \_\_\_\_\_ can only be granted to you upon furnishing a security/ additional security of Rs. \_\_\_\_\_ (in figures) \_\_\_\_\_ (in words).

You are hereby directed to furnish the security for the above-mentioned amount by <<<Date>>>> and provide proof thereof to the undersigned so that the refund can be processed accordingly.

(Signature)

(Commissioner)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 22**

(See Rule 34 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Serial Number:

Reference No << Reference Number >>

Date << Date>>

Refund order

1. Registration No.													
2. Full Name of Dealer <i>(For individuals, provide in order of first name, middle name, surname)</i>													
3. Dealer's address	Building Name/ Number												
	Area/ Road												
	Locality/ Market												
	Pin Code												
4. Date of refund application (mm/dd/yy)     /     /     /													
5. Tax Period in which refund claimed		From	mm	/	dd	/	yy	To	mm	/	dd	/	yy
6. Refund calculation										Amount (Rs.)			
(i) Refund claimed													
(ii) Refund allowed													
(iii) Interest due in case of delayed payment of refund [u/s 42]													
(iv) Amount of set off/ adjustment [u/s 38(2)]													
(v) Net amount of refund payable (ii)+(iii)-(iv)													
7. Security (if any)			(a) Amount of Security			Rs.							
			(b) Type of Security										
			(c) Date of expiry of Security			/	/	/	/	/	/		
			Day	/	Month	/	Year						

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

## Form DVAT 23

(See Rule 35 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### Dadra & Nagar Haveli Value Added Tax Refund Form

[To be used only by Embassies, International and Public Organisations and their Officials]

<b>1. Full Name of Organisation</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>	
---	--

<b>2. Address of Organisation</b>	Building Name/ Number Area/ Road Locality/ Market Pin Code Email Id Telephone Number Fax Number	
-----------------------------------	---	--

<b>3. Entry Number of Sixth Schedule under which the applicant is eligible to claim refund</b>	
--	--

<b>4. Date of filing of last refund claim (if any)</b>	(mm/dd/yy)						
--	------------	--	--	--	--	--	--

<b>5. Total tax paid as per invoices attached*</b>	(Rs.)	
--	-------	--

*\*Please complete Annexure and attach all tax invoices for which tax refund is being claimed*

<b>6. Details of Bank Account in which refund should be remitted</b>	Account Number MICR Number Name of Bank Address of Bank	
--	--	--

<b>7. Verification</b>	I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____	Full Name <i>(first name, middle, surname)</i> _____
Designation _____	

Place	
-------	--

Date					
Day	Month	Year			



## **Form DVAT 24**

(See Rule 36 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

### Notice of default assessment of tax and interest under section 32

Whereas I am satisfied that the dealer has not furnished returns/furnished incomplete returns or incorrect returns / furnished a return that does not comply with the requirements of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 / any other reason << Specify the reasons>>

The dealer is hereby directed to pay tax of an amount of rupees \_\_\_\_\_ and furnish proof of such payment to the undersigned on or before << Date >> for the following tax period(s) -

Tax Period (mm/dd/yy to mm/dd/yy)	Amount (Rs.)		
	Tax	Interest	Total
Total			

(Signature)

(Designation)

(Place)

(Date)

**Note:** Please write your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 24A**

(See Rule 36 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

Notice of assessment of penalty under section 33

Whereas I am satisfied that the dealer has a liability to pay penalty under section 86 of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for the following reasons << Specify the reasons>>

- 1.
- 2.

Now therefore the dealer is hereby directed to pay penalty of an amount of rupees \_\_\_\_\_ and furnish proof of such payment to the undersigned on or before << Date >> .

(Signature)

(Designation)

(Place)

(Date)

**Note:** Please write your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 25**

(See Rule 37 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

*Recovery Certificate*

Office of the Value Added Tax Authority,  
Ward Daman

Date : \_\_\_\_\_

**Recovery Certificate Number:** \_\_\_\_\_

To  
The Collector,  
\_\_\_\_\_

Daman

It is hereby is certified that a sum of Rs. \_\_\_\_\_ is due from M/s \_\_\_\_\_  
Registration No.: \_\_\_\_\_) on account of arrears of tax, interest and penalty as per details provided  
below:

S.No.	Particulars of arrears	Tax period (mm/dd/yy to mm/dd/yy)	Amount (Rs.)

As per our records, the dealer has his principle place of business at \_\_\_\_\_  
\_\_\_\_\_ and the lists of additional places of business are provided below:

- 1.
- 2.
- 3.

The particulars of persons who stood as surety for the dealer are as provided below:

1. Name of surety
2. Registration Number
3. Address of surety's place of business
4. Mailing address
5. Amount of surety (Rs.)

With reference to the provisions of sub-section (3) of section 43 of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 and the Rule 37 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005 you are hereby requested to recover the said sum as if it was an arrear of land revenue. The amount recovered may please be credited in the appropriate Government Treasury in the Consolidated Fund of India (provide appropriate details).

As per our records, the particulars of the person or persons liable to pay the amount due under this certificate are given below:

Name of the proprietor/partner/ Director, etc.	Father's name	Residential address	Details of properties owned

Signature

Seal

Designation

Place

Date

Department of Value Added Tax

**Form DVAT 26**

(See Rule 38 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Continuation of Recovery Proceedings

Office of the Value Added Tax Authority,  
Ward Daman

Date : \_\_\_\_\_

Letter Number: Number/Date/Year

To  
The Collector,

\_\_\_\_\_.

Daman

This is with reference to the proceedings commenced by yourself pursuant to Recovery Certificate Number \_\_\_\_\_ dated (mm/dd/yy) \_\_\_\_\_ for a sum of Rs. \_\_\_\_\_ from M/s \_\_\_\_\_ (Registration No.: \_\_\_\_\_) having his principle place of business at \_\_\_\_\_.

The amount of arrears recoverable under the said Recovery Certificate has been reduced by the Order dated (mm/dd/yy) \_\_\_\_\_ passed under section \_\_\_\_ of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 by \_\_\_\_\_. The amount now due from the above mentioned person on account of arrears is Rs \_\_\_\_\_.

Please make note of the same in your records and proceed to recover the above arrears in conformity with the details provided in the said Recovery Certificate.

(Signature)

Seal

(Designation)

(Date)

(Place)

Department of Value Added Tax

**Copy to:**

(Name of the dealer)

(Address of the dealer)

**Form DVAT 27**

(See Rule 39 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the person)

\_\_\_\_\_ (Address of the person)

\_\_\_\_\_ (Registration Number of the person, if any)

Notice for special mode of recovery under section 46 of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005

Whereas a sum of Rs. \_\_\_\_\_ on account of tax / interest / penalty payable under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 is due as arrears from << Name of dealer >> having Registration No.: \_\_\_\_\_ having his principle place of business at \_\_\_\_\_ who has failed to make payment of the said arrears; and

Whereas money is due or may become due to the said dealer from you; or you hold or may subsequently hold money for/or on account of the said dealer;

You are hereby required under section 46 of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005, to pay into the Government Treasury the amount due from you to, or held by you for or on account of the said dealer up to the amount of arrears shown above;

You are further required to pay into the said Government Treasury any money which may become due from you to the said dealer or which may be held by you, up to the amount of arrears still remaining unpaid, forthwith on such money becoming due or being held by you.

Please note that any payment made by you in compliance with this notice will be deemed under section 46 (3) of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 to have been made under the authority of the dealer and the receipt from the Government Treasury will constitute a good and sufficient discharge of your liability to the said dealer to the extent of the amount specified in the receipt.

Please also note that if you discharge any liability to the dealer after receipt of this notice, you will be personally liable to the Commissioner under section 46 (4) of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 to the extent of the liability discharged, or to the extent of the arrears of the dealer towards tax / interest / penalty, whichever is less.

Please note further that the amount of money which you are required to pay in pursuance to this notice or for which you are personally liable to the Commissioner as mentioned above, shall, if it remains unpaid, be recoverable as an arrear of land revenue under section 46 (6) of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.

Necessary challan for depositing the money to the credit of Government Treasury is enclosed herewith.

(Signature)

Seal of the authority

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Copy to:**

(Name of the dealer)

(Address of the dealer)

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

***Form DVAT 28***

(See Rule 40 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Summons to appear in person/ or to produce documents

To

(name) \_\_\_\_\_

(address) \_\_\_\_\_

Whereas your attendance is necessary to give evidence / whereas the following documents are required with reference to enquiry concerning M/s \_\_\_\_\_ having Registration No.: \_\_\_\_\_ and having his principle place of business at \_\_\_\_\_ under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005.

1. In this context, you are summoned to appear in person and/or produce or cause to be produced, the said documents \_\_\_\_\_ (here describe the documents in sufficient detail to permit their identification with reasonable certainty) before me on the \_\_\_\_\_ (date) day of \_\_\_\_\_ (month) at \_\_\_\_\_ a.m./p.m. (time) at \_\_\_\_\_ (place) and not to depart from the office until expressly permitted by me.
2. A sum of Rs. \_\_\_\_\_ being your diet money and traveling expenses is lying in deposit and will be paid to you in due course.
3. Failure, without prior intimation or lawful excuse, to appear and give evidence or produce or cause to be produced, the documents as the case may be, is punishable under the provisions of Order XVI, Rule 12 of Civil Procedure Code, 1908.
4. Given under my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_

Signature

Seal

Designation

Place

Date

Department of Value Added Tax

**Note:** In case the summons is merely for the production of a document it will be proper compliance with it if the document is sent per registered post and received by the Department on or before the date specified above.

Department of Value Added Tax

**Form DVAT 29**

(See Rule 41 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Notice for redeeming goods

Office of the Value Added Tax Authority,  
Ward Daman

Date

Notice Number: \_\_\_\_\_

To  
M/s \_\_\_\_\_,  
\_\_\_\_\_

Daman

Registration Number \_\_\_\_\_

You are hereby required to make a payment of Rs. \_\_\_\_\_ on account of arrears of value added tax, interest penalty and other dues as per details provided below:

Serial No.	Particulars of dues	Interest (Rs.) A	Penalty (Rs.) B	Other Dues (Rs.) C	Total Arrears (Rs.) A+B+C

You are directed to make the said payment into the appropriate Government Treasury in the Consolidated Fund of India within fifteen days from the date of service of this notice and produce receipted treasury *challan* to the undersigned in order to redeem the following goods in possession of the Commissioner:

Serial No.	Particulars of goods Description	Details of seizure, etc.

You are hereby informed that if the property is not redeemed within fifteen days, the Commissioner may proceed to sell the property by public auction as per the procedure laid down under the Regulation and apply the proceeds of sale accordingly.

Signature

Seal

Designation

Place

Date

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

Department of Value Added Tax

**Form DVAT 30**

(See Rule 42 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Specimen of Purchase / inward Branch transfer Register**

Registration Number: \_\_\_\_\_

Name of dealer: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Purchases for the tax period

From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

Method of accounting: Cash / Accrual

Details of Purchases

(all amounts in Rupees)

Date Of purchase (mm/dd/yy)	Invoice No. Debit/Credit Note No.	Seller's Name	Seller's Registratio n No.	Purchases not eligible for credit of input tax				Purchases eligible for credit of input tax					
				Import from outside India	Inter-state purchases or stock transfers		Purchases from exempted units	Total Purchases	Local purchases		Rate of tax	Input Tax paid	Total purchase including tax
					Amount	Form No, if any			Capital Goods	Others			
<b>Total</b>													

**Form DVAT 31**

(See Rule 42 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Specimen of Sales / outward Branch Transfer Register**

Registration Number: \_\_\_\_\_

Name of dealer: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Sales for the tax period

From (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

Method of accounting: Cash / Accrual

Details of Sales

(all amounts in Rupees)

Details of Tax /Retail Invoice / Delivery Note				Inter-state sales Branch transfer/ Consignment transfer		Exports Out of India	Inter State Sales			Local Sales		
Date of sale / transfer (mm/dd/yy)	Invoice / Delivery note No.	Buyer's Name* (in case of tax invoices only)	Buyers's Regn No.	Amount	Form No. (if any)		Sale Price (excluding Central Sales Tax)	Central Sales Tax	Total	Sale Price (excluding tax)	Output Tax	Total
							(A)	(B)	(C=A+B)	(D)	(E)	(F=D+E)
Total												

**Form DVAT 32**

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Goods Transport Receipt

From.....To.....

Dated (mm/dd/yy) \_\_\_\_\_

Delivery from \_\_\_\_\_ Delivery at \_\_\_\_\_

Consignor's name:

Consignor's complete address:

Consignor's Registration Certificate No. under:

- Dadra & Nagar Haveli Value Added Tax Regulation, 2005 \_\_\_\_\_
- Central Sales Tax Act, 1956 \_\_\_\_\_

Consignee's name:

Consignee's complete address:

Consignee's Registration Certificate No. under:

- Dadra & Nagar Haveli Value Added Tax Regulation, 2005 \_\_\_\_\_
- Central Sales Tax Act, 1956 \_\_\_\_\_

Number of Packings	Method of Packing	Contents as declared	Value (Rs.)	Private marks if any	Weight		Rate (Rs.)	Total Freight	Freight		Remarks
					Actual Kgs.	Charged Kgs.		Rs.	Paid	To Pay	

Name and Signature of the Manager/Booking Clerk

Name and stamp of the Transport Company/Booking Agency

Department of Value Added Tax

### ***Form DVAT 33***

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

#### **Delivery Note**

Serial No: \_\_\_\_\_

Dated (mm/dd/yy) \_\_\_\_\_

Consignor's / Owner' name:

Consignor's / Owner's complete address:

Consignor's / Owners' Registration Certificate No. under:

- Dadra & Nagar Haveli Value Added Tax Regulation, 2005 \_\_\_\_\_

- Central Sales Tax Act, 1956 \_\_\_\_\_

Consignee's name:

Consignee's complete address:

Consignee's Registration Certificate No. under:

- Dadra & Nagar Haveli Value Added Tax Regulation, 2005 \_\_\_\_\_

- Central Sales Tax Act, 1956 \_\_\_\_\_

Carrier's name:

Carrier's complete address:

Vehicle Number in which goods are being carried: \_\_\_\_\_

Destination of goods: \_\_\_\_\_

Number of Packings	Method of Packings	Description of goods	Quantity	Value (Rs.)

Name and Signature of the consignor's authorized signatory

Name and stamp of the consignor

Date: \_\_\_\_\_

Place: \_\_\_\_\_







---

---

**To be filled in by the transporter**

- 1. Registration No. of Goods Carrier: \_\_\_\_\_
- 2. Date and Time of dispatch: Date \_\_\_\_\_ Time \_\_\_\_\_
- 3. Name of transporter: \_\_\_\_\_
- 4. Address of transporter: \_\_\_\_\_
- 5. Signature and Stamp of transporter: \_\_\_\_\_

Transporter's Stamp
------------------------

## **Form DVAT 35A**

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### **Goods Transit Slip**

[To be used if the goods are merely transiting through Dadra & Nagar Haveli]

To be presented at entry check post/barrier in Duplicate

In respect of the goods specified below and being carried into Dadra & Nagar Haveli, it is certified as follows:

#### **I. Particulars of Goods**

Sl.No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

#### **2. Particulars of owner / seller / consignor of the goods on whose behalf the goods have been consigned**

<b>1. Full Name</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>											
<b>2. Address</b>	Building Name/ Number										
	Area/ Road										
	City / State										
	Pin Code										
<b>3. Registration* No.</b>											

\*under CST or applicable local sales tax / VAT law

#### **3. Particulars of consignee / buyer to whom goods have been consigned**

<b>1. Full Name</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>											
<b>2. Address</b>	Building Name/ Number										
	Area/ Road										
	Locality/ Market										
	Pin Code										
<b>3. Registration* No.</b>											

\*under CST or applicable local sales tax / VAT law

#### **4. Particulars of transporter through whom the goods have been consigned**

##### **A. Particulars of Booking Office**

<b>1. Full Name</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>											
<b>2. Address</b>	Building Name/ Number										
	Area/ Road										
	City										
	Pin Code										

##### **B. Particulars of Delivery Office**

<b>1. Full Name</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>											
<b>2. Address</b>	Building Name/ Number										
	Area/ Road										
	City										
	Pin Code										





## Form DVAT 35

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### Import Declaration

Book No. \_\_\_\_\_

Form Serial No. \_\_\_\_\_

**ORIGINAL**

(To be submitted by the person carrying goods with the check post authorities at the time of entry into Dadra & Nagar Haveli)

**To be used by a dealer registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for import of goods into Dadra & Nagar Haveli**

*To be filled in by the importing dealer and sent to consignor for despatch of goods*

<b>1. Full Name of Consignor</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>	
<b>2. Address of Consignor</b>	Building Name/ Number
	Area/ Road
	City
	District
	State
	Pin Code
	Telephone Number
<b>3. Registration No. of Consignor*</b>	

\* CST Registration No.

Nature of transaction      Tick  one       Purchase       Other (pls specify) \_\_\_\_\_

Signature of Consignee (importing dealer) \_\_\_\_\_

Consignee's Stamp
----------------------

*To be filled in by the exporting dealer upon dispatch of goods*

<b>1. Full Name of Consignee</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>	
<b>2. Address of Consignee</b>	Building Name/ Number
	Area/ Road
	Locality/ Market
	Pin Code
<b>3. Registration No. of Consignee</b>	

Date of declaration (dd/mm/yyyy)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: none;">/</td> <td style="width: 15%; border: none;">/</td> <td style="width: 15%; border: none;">2</td> <td style="width: 15%; border: none;">0</td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> </tr> </table>	/	/	2	0				
/	/	2	0						

**Particulars of Goods**

Sl.No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Cash Memo / Invoice / Deliver Note No.									
Date (dd/mm/yyyy)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: none;">/</td> <td style="width: 15%; border: none;">/</td> <td style="width: 15%; border: none;">2</td> <td style="width: 15%; border: none;">0</td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> <td style="width: 15%; border: none;"></td> </tr> </table>	/	/	2	0				
/	/	2	0						

Name of Transporter: \_\_\_\_\_

Date of dispatch of goods (mm/dd/yy) \_\_\_\_\_

Signature of Consignor (Exporting dealer) \_\_\_\_\_

Consignor's Stamp
----------------------

Date (mm/dd/yy) \_\_\_\_\_

---

*To be filled in by the transporter*

1. Registration No. of Goods Carrier: \_\_\_\_\_

2. Date and Time of dispatch: Date \_\_\_\_\_ Time \_\_\_\_\_

3. G/R Number: \_\_\_\_\_ Date :(mm/dd/yy) \_\_\_\_\_

4. Name of transporter: \_\_\_\_\_

5. Address of transporter: \_\_\_\_\_

6. Signature and Stamp of transporter: \_\_\_\_\_

Transporter's Stamp
------------------------

## Form DVAT 35

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### Import Declaration

Book No. \_\_\_\_\_

Form Serial No. \_\_\_\_\_

**DUPLICATE**

(To be subsequently submitted with the Value Added Tax authorities at the time of issuance of fresh forms along with the utilisation details of the forms got issued earlier)

**To be used by a dealer registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for import of goods into Dadra & Nagar Haveli**

*To be filled in by the importing dealer and sent to consignor for despatch of goods*

<b>1. Full Name of Consignor</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>	
<b>2. Address of Consignor</b>	Building Name/ Number
	Area/ Road
	City
	District
	State
	Pin Code
<b>3. Registration No. of Consignor*</b>	

\* CST Registration No.

Nature of transaction      Tick  one       Purchase       Other (pls specify) \_\_\_\_\_

Signature of Consignee (importing dealer) \_\_\_\_\_

Consignee's Stamp

*To be filled in by the exporting dealer upon dispatch of goods*

<b>1. Full Name of Consignee</b> <i>(For individuals, provide in order of first name, middle name, surname)</i>	
<b>2. Address of Consignee</b>	Building Name/ Number
	Area/ Road
	Locality/ Market
	Pin Code
<b>3. Registration No. of Consignee</b>	

Date of declaration (dd/mm/yyyy)      /      /      20      /      /

**Particulars of Goods**

Sl.No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Cash Memo / Invoice / Deliver Note No.      /      /      /      /      /      /      /      /

Date (dd/mm/yyyy)      /      /      20      /      /

Name of Transporter: \_\_\_\_\_

Consignor's Stamp

Date of dispatch of goods (mm/dd/yy) \_\_\_\_\_

Signature of Consignor (Exporting dealer) \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

*To be filled in by the transporter*

---

1. Registration No. of Goods Carrier: \_\_\_\_\_

2. Date and Time of dispatch: Date \_\_\_\_\_ Time \_\_\_\_\_

3. G/R Number: \_\_\_\_\_ Date :(mm/dd/yy) \_\_\_\_\_

4. Name of transporter: \_\_\_\_\_

5. Address of transporter: \_\_\_\_\_

6. Signature and Stamp of transporter: \_\_\_\_\_

Transporter's Stamp
------------------------

**Form DVAT 35B**

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Account of Declaration Forms DVAT 34 / DVAT 35**

For the period \_\_\_\_\_ to \_\_\_\_\_

**1. Form DVAT 34**

Date of Issue (mm/dd/yy)	Sl. No. Issued	Name and Address of the person to whom issued	Description of goods in respect of which issued	Value of goods (Rs.)	Retail Invoice No.
1	2	3	4	5	6

**2. Form DVAT 35**

Date of Issue (mm/dd/yy)	Sl. No. Issued	Name and Address of the person to whom issued	Description of goods in respect of which issued	Value of goods (Rs.)	Seller's Invoice/Retail Invoice No.
1	2	3	4	5	6

**3. Forms utilisation summary**

		Form 34			Form 35		
	Unused forms at the beginning of the period						
+	Received from Value Added Tax department during the period						
-	Issued during the period (as per details provided above)						
-	Surrendered to Value Added Tax department during the period						
=	Closing balance of forms carried to next period						

4. Verification : I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (first name, middle, surname) \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Form DVAT 36**

(See Rule 44 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Undertaking cum Indemnity by Purchasing Dealer**

This indenture made the.....day of.....between

- 1.
- 2.
- 3.

and so on, carrying on business as proprietor/in partnership under the style \_\_\_\_\_ registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 bearing Registration Certificate no \_\_\_\_\_ and referred to as the firm/company which expression shall, where context admits, be deemed to include his/her/their legal heir/executor/administrator/representative in the business under the name or any other style or (name) of the one part and the Commissioner, Value Added Tax Department of the other part.

And whereas Tax invoice no. \_\_\_\_\_ to \_\_\_\_\_, blank/duly filled up, issued by / belonging to \_\_\_\_\_ has been lost/destroyed while in transit/in custody of the purchasing/selling dealer.

And, therefore, in the event of any loss, by way of tax or otherwise, arising from fraud/misuse/incorrect statement of the Tax invoice so lost / destroyed, I / We (each of us severally) irrevocably and for all times bind my/our heirs/executor/administrator/representative firmly for payment of such amount which the Commissioner, Value Added Tax Department or any other prescribed authority may direct.

Place..... Name.....  
Date..... Status.....

Witness

- 1.
- 2.

***Form DVAT 37***

(See Rule 46 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Reference No << Reference Number >>

<< Date >>

To

\_\_\_\_\_ (Name of the dealer)

\_\_\_\_\_ (Address of the dealer)

\_\_\_\_\_ (Registration Number of the dealer)

Notice for Audit of Business Affairs

Whereas I am satisfied that an audit of your business affairs as a dealer is required to be undertaken for the period \_\_\_\_\_ to \_\_\_\_\_.

You are hereby directed to attend at \_\_\_\_\_ (place) on \_\_\_\_\_ (date and time) and produce/ cause to be produced the books of accounts and all evidence on which you rely in support of returns filed by you (including tax invoices, if any) and in addition produce or cause to be produced the following documents:

- 1.
- 2.
- 3.

Please take note that in the event of your failure to comply with this notice; the audit of the business affairs for the instant period would be made to the best of my judgment, without any further notice.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

**Note:** Please quote your Registration No. while communicating with the Dadra & Nagar Haveli VAT Department in this matter or in any other matter whatsoever.

**Form DVAT 38**

(See Rule 52 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Appeal Form under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

To \_\_\_\_\_  
The \_\_\_\_\_  
\_\_\_\_\_

1. Registration Number
2. Full Name of the Dealer
3. Address
4. Contact Telephone Number(s)

5. Nature of objection Please attach copy of Assessment, order or decision appealed against	
6. Tax period to which the appeal pertains	___ / ___ / ___ to ___ / ___ / ___ DD / MM / YYYY
7. Date of issue of Assessment, order or decision appealed against	___ / ___ / ___ DD / MM / YYYY
8. Date of service of Assessment, order or decision appealed against	___ / ___ / ___ DD / MM / YYYY
9. Is the appeal filed within time prescribed (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If the appeal is not filed within time, attach Form DVAT 39.	

11. Is the appeal against an assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. If yes, then specify the amount of assessment		
13. Specify the amount of said assessment that is not disputed (Please attach proof of payment of said amount)		
14. Specify the amount of said assessment that is appealed against		

		Taxable turnover (Rs.)	Tax (Rs.) (i)	Interest (Rs.) (ii)	Penalty (Rs.) (iii)	Total (Rs.) (i + ii + iii)
As assessed	A					
As admitted by appellant	B					
Amount in dispute	A-B					

15. Do you want a hearing?

Yes

No

16. Please state fully and in detail the grounds on which you are objecting. This must be done even if you have requested for a hearing.

Attach additional sheet(s) in case you are not able to provide all details in this space

Attach all documents/ evidence that you want to be considered regarding your appeal

17. Please annex the list of enclosures

18. Verification

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Authorised Signatory

Name

Designation

Place

Date

**Form DVAT 39**

(See Rule 52 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Application for Condonation of Delay under Dadra & Nagar Haveli Value Added Tax Regulation, 2005**

To  
The \_\_\_\_\_  
\_\_\_\_\_

1. Registration Number
2. Full Name of Dealer
3. Address

4. Number of days by which the appeal is late beyond the prescribed time period
--

5. Please state fully and in detail the reasons for delay. <i>Attach additional sheet(s) in case you are not able to provide all details in this space</i> <i>Attach all documents/ evidence that you want considered regarding your reasons for delay</i>
--

6. Please annex the list of enclosures
--

7. Verification I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.  Authorised Signatory  Name  Designation  Place  Date
--

Department of Value Added Tax

***Form DVAT 40***

*(See Rule 55 of the Dadra & Nagar Haveli 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**

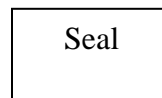
Signature:

Name:

Designation:

Date:

Dadra & Nagar Haveli Value Added Tax Department



---

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

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

Department of Value Added Tax

## ***Form DVAT 41***

(See Rule 56 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

### Notice of delay in deciding an objection

To

The Commissioner  
Department of Value Added tax  
Dadra & Nagar Haveli

Dear Sir/Madam,

Sub: Delay in deciding appeal within time specified in section 74(7) of Dadra & Nagar Haveli Value Added Tax Regulation, 2005.

This is with reference to Appeal No. \_\_\_\_\_ dated \_\_\_\_\_ filed by the undersigned (copy enclosed) with you for the tax period <<specify the tax period >>. We have not yet received any communication / order/ decision in respect of the instant appeal, although the time period specified in section 74(7) of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 has elapsed on (date)\_\_\_\_\_.

We thus request you to kindly consider the matter and communicate the decision of the instant appeal to us within a period of 15 days from the date of receipt of this notice.

(Name of the dealer)

(Address of the dealer)

(Registration No.)

**Form DVAT 42**

(See Rule 58 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)  
Application for Determination of Specific Question under Dadra & Nagar Haveli Value Added Tax Regulation, 2005

1. Registration Number
2. Full Name of the Business
3. Address for service of notice
4. Contact Telephone Number(s)

5. Has Commissioner commenced your audit? <i>Please refer Section 59 of the Dadra &amp; Nagar Haveli Value Added Tax Regulation</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the question arisen from any order passed under Dadra & Nagar Haveli Value Added Tax Regulation, 2005;	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Type of question <i>Please refer Sub-section 4 of Section 84 of the Dadra &amp; Nagar Haveli Value Added Tax Regulation, 2005</i>
8. Question being asked for determination

9. Has the transaction relating to the application taken place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If yes, then specify the tax period that the transaction relates to	___ ___ / ___ ___ / ___ ___ ___ ___ to ___ ___ / ___ ___ / ___ ___ ___ ___ DD / MM / YYYY	
11. If no, then specify when you propose to conduct the transaction	___ ___ / ___ ___ / ___ ___ ___ ___ DD / MM / YYYY	
12. Names of the parties that are actively involved in the transaction		
13. Reasons for undertaking transaction		
14. Please provide details of all activities that are being undertaken as part of the transaction <i>Attach additional sheet(s) in case you are not able to provide all details in this space</i>		

15. Which are the sections of the Dadra & Nagar Haveli Value Added Tax Regulation that you are seeking to cover in this determination? <i>Attach additional sheet(s) in case you are not able to provide all details in this space</i>
---

16. Have you submitted your return for the tax period to which the application applies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

17. If yes, then specify the amount to which your application relates

18. Has the said amount been included while computing the return for the said tax period?  Yes  No

19. Have you previously sought advice from the Commissioner on any questions or issues similar to those sought in this application?  Yes  No

20. If yes, then give details of the determination received  
*Attach additional sheet(s) in case you are not able to provide all details in this space*

21. Please explain your question in detail  
*Attach additional sheet(s) in case you are not able to provide all details in this space*  
*Attach statement of facts, all documents relating to the transaction and legal opinion with respect to the question.*

22. Please provide a draft determination on the question  
*Attach additional sheet(s) in case you are not able to provide all details in this space*

**23. Verification**

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory \_\_\_\_\_

Full Name (first name, middle, surname) \_\_\_\_\_

Designation \_\_\_\_\_

Place  
Date

**Instructions** for filling Form DVAT 42 (For details refer Section 84 and Rule 58)

1. Only one transaction can be included in a single application. No other alternatives can be included in the same application.
2. You must either have entered into the transaction as set out in the application or be seriously contemplating it.
3. You need to give all relevant details and information to the Commissioner about the transaction in the application and the supporting documents.
4. The legal opinion attached with this application should include the following:
  - Sections of any legislation that are relevant to the application
  - Legal reasons and appropriate case law that support the interpretation of the section(s) adopted in the draft determination
  - Possible arguments contrary to the interpretation adopted in the determination you are seeking and legal reasons and authoritative support for these
  - Other material or relevant matters or sources of information that the Commissioner should know about to ensure access to all pertinent facts and law
5. Inadequate discussion of the legal issues in the application may lead to treatment of the application as being incomplete, request for further legal arguments (delaying the processing and issuing of the determination) or conduction of significant additional research by the Commissioner. In complex matters, you might consider approaching a professional tax adviser to assist you in preparing your written application
6. In the draft determination, you are required to focus on exactly what you want covered by the determination, to help the Commissioner understand precisely what you want. There is no required format for this draft determination, but it has to contain all the required information and set out your answer to the question raised
7. The Department can request further relevant information from you at any time
8. The Commissioner can make assumptions about future events or aspects of a transaction that will be set out in the binding determination when we issue it. However, the Commissioner cannot make assumptions about facts or information that you are able to supply to the Commissioner
9. The Commissioner can stipulate conditions in the determination that must be met if the taxation law is to apply to the transaction as set out in the determination

***"FORM DVAT-43"***

**(See Rule 42A)**

**Form of Certificate of Audit of Accounts**

I have to report that the audit of \_\_\_\_\_

\_\_\_\_\_ was conducted by me in pursuance of Section 49 of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 and I annex hereto a copy of my audit report dated DD/MM/YYYY along with a copy each of the audited Trading/ Manufacturing and Profit and Loss Account for the year /period ended on DD/MM/YYYY and a copy of the Audited Balance Sheet as at DD/MM/YYYY along with the documents declared by the relevant Act to be part of, or annexed to, the profit and loss account and balance sheet.

Further statement showing the purchases and sales of taxable and non-taxable goods including Capital Goods, non-creditable goods and those taxable at different rate separately are annexed hereto and in the case of a manufacturing concern, the raw materials used and finished products manufactured separately for each item of goods. Further certified that the dealer has not availed input tax credit on on creditable goods and has not violated provision contained in Sub-Section 2 of Section 9 of the Regulation. Separate statement showing the details of goods exported outside India, sold inter-state or consigned or branch transferred to other state or purchased from outside the State, goods received on consignment or branch transfer from other States alongwith a statement of sales tax collected and remitted are also annexed.

In my opinion and to the best of my information and according to explanations given to me, the particulars given in Form No. D-VAT are true and correct.

Place :

Date : DD/MM/YYYY.

**ANNEXURE  
AUDIT REPORT**

Statement of Particulars

1.	Name and Address		:					
2.	Tax Identification No. under the Daman & Diu Value Added Tax Regulation,2005.		:					
3.	Registration Certificate No. under the Central Sales Tax Act, 1956		:					
4.	Year ended 31st March		:					
5.	Books of Account		:					
5.1	(1)	Maintained						
5.2	(2)	Examined						
6.	Method of accounting employed (indicate whether any change from the method of accounting employed in the immediately preceding previous year)		:					
6.1	(i)	Method of Valuation of Opening and Closing Stock	:					
6.2	(ii)	State whether there is any change in the method of valuation, of any of the items as compared to the method employed in the immediately preceding previous year	:					
7.	Quantitative and Value wise particulars.		:					
	a)	In the case of Manufacturing Dealers Details of Purchases	:	Op. Stock	purchases	Consumption	Sale or other mode of Disposal	Cl. Stock
	7.1	Raw Material						
	7.2	Packaging Material						
	7.3	Other Goods						
	7.4	Capital Goods						
	7.5	Non Creditable Goods (6 <sup>th</sup> schedule)						
	7.6	Exempted Goods						
	7.7	Purchase from Eligible units						
	b)	Details of Inputs Tax	:	Op. Stock	Avail during the year	Adjustments	Net inputs Tax Credit Available	
						u/s u/s u/s 10 (4) (6)		
	7.8	Raw Material						

	7.9	Packaging Material							
	7.10	Other Goods							
	7.11	Capital Goods							
	7.12	Total							

8. Finished Goods										
			Op. Stock	Purchases	Mfg.	Sale		Branch/ Consign-ment Transfer	Shortage/ other disposal	Cl. Stock
						Within Daman & Diu	Inter-state			
	8.1		Goods Taxable @							
	8.2		20 %							
	8.3		12.5 %							
	8.4		4 %							
	8.5		1 %							
	8.6		Declared Goods							
	8.7		Exempt Goods u/s 6 (1)							
	8.8		Sale of Goods by eligible units							
			<b>Output Tax Details</b>	Turnover		Output Tax	Adjustment		Balance	
							u/s.8	u/s.9	u/s.9	output tax
							(4)	(6)		
	8.9		Goods Taxable @							
	8.10		20 %							
	8.11		12.5 %							
	8.12		4 %							
	8.13		1 %							
	8.14		Total							
9.			Details of Net Tax							
	9.1		Net Input Tax Credit Available (7.12)							
	9.2		Less – Net output Tax (8.14)							
	9.3		Net Tax Payable (9.1-9.2)							
			<b>Note:</b>							
		1.	If goods purchased are chargeable at different rate under each sub items, separate annexure be furnished		:					
		2.	Statement showing details of net Tax liability and payment made thereof for each Tax period of the dealer, be annexed		:					

10.		<u>In the case of Traders/Resellers of Goods: Give Quantitative and Vaule wise details.</u>	:						
		<b><u>Trading</u></b>							
		<b><u>Creditable Goods @</u></b>		Op. Stock	Purchases		Sales		Cl. Stock
					Within Daman & Diu	Inter- state	Within Daman & Diu	Inter- state	
	10.1	20 %							
	10.2	12.5 %	:						
	10.3	4 %	:						
	10.4	1 %	:						
	10.5	Declared goods							
		<b><u>Non Creditable Goods @</u></b>							
	10.6	Tax free goods u/s 6(1)							
	10.7	Non creditable goods (6 schedule)							
	10.8	Purchase of goods from eligible units							
		<b><u>Input Tax Credit Details</u></b>							
		<b><u>Goods Taxable @</u></b>		Op. Balance	Avail during the year	Adjustm ents u/s 10	Net inputs Tax Credit Available		
	10.9	20 %							
	10.10	12.5 %							
	10.11	4 %							
	10.12	1 %							
	10.13	Declared goods							
	10.14	Total							
		<b><u>Output Tax Details</u></b>		Turnover	Output Tax	Adjustment		Balance	
		<b><u>Goods Taxable @</u></b>				u/s. 8	u/s. 9(4)	u/s. 9(6)	output tax
	10.15	20 %							
	10.16	12.5 %							
	10.17	4 %							
	10.18	1 %							
	10.19	Total							
		<b><u>Details of Net Tax</u></b>							
	10.20	Net Input Tax Credit Available (10.14)							
	10.21	Less – Net output Tax (10.19)							
	10.22	Net Tax Payable (10.19 – 10.14)							
11.		<b>Central Sales Tax Details</b>							
	11.1	The total amount of CST collected during the year	:						
	11.2	The total amount of CST paid during the year	:						

		(Monthly collections and payment particulars shall be given)				
12		Weather the Accountant has come a cross any violation of Dadra & Nagar Haveli Value Added Tax Regulation 2005 or rules made thereunder during the course of Audit.				
13		Whether the auditor has come across any violation of the CST Act read with the rules during the course of his audit.	:			
14		In case of a manufacturing dealer availing sales Tax Exemption, Whether the auditor has come across any violation of conditions contained in Order No.DMN/VAT/2005/05-06/25 dated 21/04/2005, read with erstwhile entry No. 68 and 85 of the Second Schedule to the Goa, Dadra & Nagar Haveli Sales Tax Act, 1964 and Notification No. DMN/ST/4-1/99/2 and DMN/CST/4-1/99/4 dated 31/12/99, Notification No. DMN/ST/4-1/99/5 and DMN/CST/4-1/99/6 dated 15/03/2000? If not give details.	:			
15		In the case of works contract executed give details of each works contract separately as follows	:			
	(i)	Total contract amount of each works contract	:			
	(ii)	Period of contract	:			
	(iii)	Turnover of works contract for the year taxable at each rate as classified by the dealer	:			
	(iv)	Value of goods supplied by the awarded	:			
	(v)	Value of goods returned to the awarded	:			
	(vi)	Details of deductions allowable from the turnover including deductions towards labour and services as per sub rule 2 of rule 3 of Dadra & Nagar Haveli Value Added Tax Rules, 2005.	:			
	(vii)	Details of sub-contract awarded by the contract	:			
16.		In case of works contract awarded	:			
	(a)	Details of works contract awarded during the year.	:			
	Description of work	Name and address of the contractor	Contract amount paid	Clearance certificate amount	Sales Tax withheld	Particulars or remittance to Government
			Rs.	Rs.	Rs.	Rs.

	(b)	Details of goods supplied by the awarded to the contractor	:	
17.		In case of dealer who has opted for composition scheme u/s 16 of the Regulation, the Accountant shall verify whether the dealer has discharged tax liability u/s 16(4) and has complied with other provisions of the Regulation, if not, give details.	:	
18.		The Accountant shall verify all relevant documents including proof of export and Bank Realization certificate in case of dealer effecting sale in course of Export. The Accountant shall report violation of any relevant provisions of the Regulation.	:	
19.		Any observation made during the course of Audit which in the opinion of the Accountant is material, with reference to compliance of the Regulation by the dealer, require to report.	:	

Place :

Date :

**CHARTED ACCOUNTANT**

**Form DVAT 44**

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Application For Obtaining Form DVAT 34 or DVAT 35

To  
The Commissioner  
Department of Value Added Tax  
Daman

1. Name of the Dealer:
2. Address of the Dealer
3. Registration Number:
4. Central Sales Tax Registration Number:
5. Whether returns filed upto date:
6. Arrears if any: (Year Wise) \_\_\_\_\_

	Form DVAT 34	Form DVAT 35
7. Number of forms last issued	<input type="text"/>	<input type="text"/>
8. Date of last issue (mm/dd/yy)	<input type="text"/>	<input type="text"/>
9. Balance unused forms in hand	<input type="text"/>	<input type="text"/>

10. Details of Enclosures:
  - Account of declaration forms in Form DVAT 35B

	Form DVAT 34	Form DVAT 35
11. Number of forms applied for	<input type="text"/>	<input type="text"/>

The forms may please be delivered to our counsel (name) \_\_\_\_\_ who is duly authorised to collect the forms on my behalf.

<b>12 Verification :</b> I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.	
Signature of Authorised Signatory	_____
Full Name (first name, middle, surname)	_____
Designation	_____

Place	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date (mm/dd/yy)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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***Form DVAT 45***

*(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)*

Receipt for security deposited under sub-section (5) of section 61 of the Dadra & Nagar  
Haveli Value Added Tax Regulation, 2005

Counterfoil/Original

No.....

Received

from.....

(Name and address of the person from whom security required u/s 61(5) of the Dadra & Nagar Haveli Value Added Tax Regulation, 2005) a sum of Rs.....(Rupees.....) being security under Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005 required to be furnished.

(Signature)

(Designation)

(Place)

(Date)

Department of Value Added Tax

Department of Value Added Tax  
UT Administration of Dadra & Nagar Haveli  
Form DVAT 45 (A)  
(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Certificate of Deduction of Tax at Source under Dadra & Nagar Haveli Value Added Tax  
Regulation, 2005  
(Original copy to be furnished to the contractor)

Particulars of Deductor		Particulars of Contractor	
Full name of person responsible for deduction of Tax		Full Name of Contractor	
Address		Address	
Tax Deduction Account Number (TAN)		Registration Number	

I/We \_\_\_\_\_ do hereby certify that a sum of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) was deducted being amount of tax deducted at source under section 36 A of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 and Rules framed there under. The above amount deducted at source has been deposited into the Government treasury.

The particulars in respect of said amount are given in table hereto:

Table

S.No.	Bill No. & Date	Bill Amount	Rate of TDS	Amount of Tax deducted at source	Date of deposit	Challan No.	Name of Bank & Branch

Certified true copy of receipted Challans attached

<p><b>Verification</b> I/We _____ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from. Signature of Authority Signatory</p> <p>Name : Designation : Place : Date :</p>
--

Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010

**Department of Value Added Tax  
UT Administration of Dadra & Nagar Haveli  
Form DVAT 45 (A)  
(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)**

**Certificate of Deduction of Tax at Source under Dadra & Nagar Haveli Value Added Tax  
Regulation, 2005  
(Second copy to be attached with the return of TDS)**

Particulars of Deductor		Particulars of Contractor	
Full name of person responsible for deduction of Tax		Full Name of Contractor	
Address		Address	
Tax Deduction Account Number (TAN)		Registration Number	

I/We \_\_\_\_\_ do hereby certify that a sum of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_) was deducted being amount of tax deducted at source under section 36 A of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 and Rules framed there under. The above amount deducted at source has been deposited into the Government treasury.

The particulars in respect of said amount are given in table hereto:

Table

S.No.	Bill No. & Date	Bill Amount	Rate of TDS	Amount of Tax deducted at source	Date of deposit	Challan No.	Name of Bank & Branch

Certified true copy of receipted Challans attached

<b>Verification</b> I/We _____ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from. Signature of Authority Signatory  Name : Designation : Place : Date :
--

**Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010**

**Department of Value Added Tax  
UT Administration of Dadra & Nagar Haveli  
Form DVAT 45 (A)  
(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)**

**Certificate of Deduction of Tax at Source under Dadra & Nagar Haveli Value Added Tax  
Regulation, 2005  
(Third Copy to be retained by deductor)**

Particulars of Deductor		Particulars of Contractor	
Full name of person responsible for deduction of Tax		Full Name of Contractor	
Address		Address	
Tax Deduction Account Number (TAN)		Registration Number	

I/We \_\_\_\_\_ do hereby certify that a sum of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_) was deducted being amount of tax deducted at source under section 36 A of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 and Rules framed there under. The above amount deducted at source has been deposited into the Government treasury.

The particulars in respect of said amount are given in table hereto:

**Table**

S.No.	Bill No. & Date	Bill Amount	Rate of TDS	Amount of Tax deducted at source	Date of deposit	Challan No.	Name of Bank & Branch

Certified true copy of receipted Challans attached

<b>Verification</b> I/We _____ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from. Signature of Authority Signatory  Name : Designation : Place : Date :
--

**Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010**

**Department of Value Added Tax**  
**UT Administration of Dadra & Nagar Haveli**  
**Form DVAT 45 (B)**  
(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Application for allotment of Tax Deduction Account Number (TAN) under Dadra & Nagar Haveli Value Added Tax Regulation, 2005**

To,  
**The Commissioner**  
**Department of Value Added Taxes**  
**Dadra & Nagar Haveli**  
**Silvassa**

Whereas I/we/ am/are liable to deduct tax in accordance with section 36A of Dadra & Nagar Haveli Value Added Tax Regulation, 2005 ,

And whereas, no tax deduction account number has been allotted to me/us, till date.

I/ we hereby request that a tax deduction account number be allotted to me/us

I/we give below the necessary particulars for allotment of TAN No.

<b>1. Full Name of person/firm/co. responsible for deduction of Tax</b>	
<b>2. TIN under Dadra &amp; Nagar Haveli Value Added Tax Regulation, 2005 (If any)</b>	
<b>3. Address</b>	<b>BuildingName/ Number</b> <hr/> <b>Area/Road</b> <hr/> <b>Locality</b> /Market <hr/> <b>Telephone</b> No. <hr/> <b>Pin</b> Code <hr/>
<b>4. Date on which Tax was first deducted in accordance with provision of section 36A</b>	
<b>5 Authorized Signatory</b>	

<b>6.Verification</b> I/We _____ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from. <b>Signature of Authority Signatory</b>  <b>Name :</b> <b>Designation :</b> <b>Place :</b> <b>Date :</b>
---

**Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax**  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010

**Department of Value Added Tax  
UT Administration of Dadra & Nagar Haveli**

**Form DVAT 45 (C)**

**(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)**

**Tax Deduction Account Number (TAN) certificate under Dadra & Nagar Haveli Value Added Tax Regulation, 2005**

<b>1. Full Name of person Responsible for deduction of Tax</b>	
<b>2. Address</b>	<b>Building Name/ Number</b> _____
	<b>Area/Road</b> _____
	<b>Locality /Market</b> _____
	<b>Telephone No.</b> _____
	<b>Pin Code</b> _____
<b>1. Tax Deduction Account Number</b>	
<b>2. Date of Issue</b>	
<b>Signature and Seal of Value Added Tax Authority</b>	
<b>Name</b>	<b>:</b>
<b>Designation</b>	<b>:</b>
<b>Place</b>	<b>:</b>
<b>Date</b>	<b>:</b>

**Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010**

**Department of Value Added Tax  
UT Administration of Dadra & Nagar Haveli**

**Form DVAT 45 (D)**

**(See Rule 58 (A) of Dadra & Nagar Haveli Value Added Tax Rules, 2005)**

**Form of Annual Return by the Contractee for the year \_\_\_\_\_**

**1. Name of Contractee**

**2. Address**

**Building Name/ Number** \_\_\_\_\_

**Area/Road** \_\_\_\_\_

**Locality/Market** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Pin Code** \_\_\_\_\_

**3. Tax Deduction Account Number (TAN)**

**4. Details of Payment made by Contractors and of tax deducted at source (as per Table below)**

**Table**

Sl.No	Name & Address of Contractor	Regn. NO. of Contract or	Gross Value of the Contract	Amount Credited /paid	Date on which amount credited or paid	Amount of tax deducted	Date on which tax deducted	TDS certificate No.	Challan no. and date on which TDS was paid to the Credit of Govt. Treasury	Name & Address of the Bank

**5.Verification**

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my/our knowledge and belief and nothing has been concealed there from.

**Signature of Authority Signatory**

**Name :**

**Designation :**

**Place :**

**Date :**

**Note: One TAN shall be applicable for all units/office of person responsible for deduction of tax  
Inserted vide notification no. DNH/VAT-2010/09-10- dated /01/2010**

***Form DVAT 46***

(See Rule 63 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Certificate of Enrolment as a Value Added Tax Practitioner

This is to certify that the name of \_\_\_\_\_ son of \_\_\_\_\_ resident of \_\_\_\_\_ has been enrolled in the list of Value Added Tax Practitioners maintained in my office under sub-rule (5) of rule 64 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005

His enrolment No. is \_\_\_\_\_

Date

.....  
Commissioner's signature

SEAL

***Form DVAT 47***

(See Rule 64 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Grant of Authority by the Commissioner**

The Commissioner of Value Added Tax, Dadra & Nagar Haveli do hereby appoint the following officials holding the designation, mentioned against their name for carrying out audit, investigation and enforcement functions under Dadra & Nagar Haveli Value Added Tax Regulation and Rules:

S. No.	Name	Designation

This authority would be valid for the period from \_\_\_\_\_ to \_\_\_\_\_ (not exceeding three years).

Seal of authority

Signature

Name

Date

Designation

**Form DVAT 48**

(See Rule 66 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

**Annual Return Statement of Exports/ Inter-State Sales/ Branch Transfer for the year \_\_\_\_\_**

1. Full Name of Dealer \_\_\_\_\_

2. Registration Number \_\_\_\_\_

3. Total Inter-state sales (including branch transfers) made during the year

- Made against Forms

- Made without Forms

4. C/D forms

Sale against C/D forms  
claimed in the returns (Rs.)  
(a)

Sale mentioned in (a) for which  
C/D forms are attached (Rs.)  
(b)

CST payable due to  
difference in (a) and (b)  
(c)

Interest payable  
(d)

Total \_\_\_\_\_

5. E1/E2 forms

Sale against C+E1/E2 forms  
claimed in the returns (Rs.)  
(a)

Sale mentioned in  
(a) for which  
C+E1/E2 forms  
are attached (Rs)  
(b)

Sale mentioned  
in (a) for which  
only C forms are  
attached (Rs)  
(c)

Others  
(Rs)  
(d)

CST  
payable on  
(c) and (d)  
sales  
(e)

Interest  
payable  
(f)

Total \_\_\_\_\_

6. F forms

Transfers against F forms  
claimed in the returns (Rs.)  
(a)

Transfers mentioned in (a) for  
which F forms are attached  
(Rs)  
(b)

CST payable due to  
difference in (a) and (b)  
(c)

Interest payable  
(d)

Total \_\_\_\_\_

7. H forms

Sale against H forms claimed  
in the returns (Rs.)  
(a)

Sale mentioned in (a) for which  
H forms are attached (Rs.)  
(b)

CST payable due to  
difference in (a) and (b)  
(c)

Interest payable  
(d)

Total \_\_\_\_\_

8. I forms

Sale against I forms claimed  
in the returns (Rs.)  
(a)

Sale mentioned in (a) for which  
I forms are attached (Rs.)  
(b)

CST payable due to  
difference in (a) and (b)  
(c)

Interest payable  
(d)

Total \_\_\_\_\_

9. Grand Total

Balance CST payable  
4(c)+5(e)+6(c)+7(c)+8(c)

Interest Payable  
4(d)+5(f)+6(d)+7(d)+8(d)

[4(d)+5(d)+6(d)+7(d)+8(d)] \_\_\_\_\_

10. Details of C/D forms submitted

State of issue	Registration Number of purchaser	Form Number/ Series Number	Amount of Value Added (Rs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total

11. Details of E1/E2 forms submitted

State of issue	Registration Number of purchaser	C Form Number/ Series Number	E1/E2 Form Number/ Series Number	Amount of Value Added (Rs)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total

12. Details of F forms submitted

State of issue	Registration Number of purchaser	Form Number/ Series Number	Amount of Value Added (Rs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total

13. Details of H forms submitted

State of issue	Registration Number of purchaser	Form Number/ Series Number	Amount of Value Added (Rs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total

14. Details of I forms submitted

State of issue	Registration Number of purchaser	Form Number/ Series Number	Amount of Value Added (Rs)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Total

15. Verification

I/We \_\_\_\_\_ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of authorized signatory \_\_\_\_\_

Name \_\_\_\_\_

Place \_\_\_\_\_

Date      /      /                      
DD / MM / YYYY