Form DVAT 23

(See Rule 35 of the Delhi Value Added Tax Rules, 2005)

Delhi Value Added Tax Refund Form

Γ	To be used only b	ov Embass	ies. Inte	ernatio	nal an	d Pu	blic O	raanis	ations	and t	heir Off	icials1
	I Name of]				
_	nisation (For											
	duals, provide in	order										
	t name, middle na											
surna		arrie,										
Suma	1116)											
												_
2. Address of Organisation Building Name/ Number												
			Area/Road									
			Locality/Market									
			Pin code									
			Email Id									
			Teleph	one N	umber							
			Fax Number									
		<u>.</u>						•				
3. Er refun	ntry Number of S d	Sixth Sche	dule u	nder v	vhich	the a	applica	ant is	eligib	ole to	claim	
4 Da	te of filling of last	refund cla	im (if a	nv)			(mm/d	ΙΑ/νν)		1 /		/
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5 To	tal tax paid as pe	r invoices :	attache	d*	(Rs)						
* Ple:	ase complete ann	nexure and	attach	all tax			which	tax r	efund	is heir	ng claim	ed
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6 D	etail of Bank Ac	count in	Accou	nt Num	her							
which refund should be												
remitted			Name of Bank									
			Address of Bank									
			Addict	33 OI D	arik							
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7 1/0	rification											
I/We							ho	roby	colom	nly of	firm an	d declare
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Donoi	and nothing has	boon oone	caica t	1101011	,,,,,,							
Signature of Authorised Signatory												
Full Name (first name, middle, surname)												
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Date:												
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(i) Detail of purchase of tax paid goods in respect of which refund of tax is sought												
(i)	Detail of pulci	iase ui lax	paid go	Juus III	respe	CL UI	WITICI	rielui	iu Ui li	ax 15 S	ougni	
S.No.	Tax Invoice	Tax Invoid	P 9	upplie	Regio	strati	on	Pur	chase	Price	(Rs)	Tax (Rs.)
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	2410		1		III	J	-	(1			~~;	1

		Total	

(ii) Verification	
I/We	hereby solemnly affirm and declare that
the information given hereinabove is true and correction nothing has been concealed therefrom.	ect to the best of my/our knowledge and belief and
Signature of Authorised Signatory	
Place:	

Instructions for filling Return Form (Embassy and Staff) (Please refer to Section 41, Sixth Schedule and Rule 35)

- 1. Please do fill all the applicable fields in the form
- 2. Please maintain a minimum period of 3 month between successive filing of refund claims.
- 3. Please attach a copy of the letter of authorization in case the form is not signed by the Chief of the Organization.
- 4. Please refer to Sixth Schedule for ascertaining the following.
 - Qualified persons eligible to claim refund; and
 - Eligibility of items/ transaction eligible for refund