Department of Value Added Tax Government of NCT of Delhi

Form DVAT 23

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

Delhi Value Added Tax Refund Form

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

4. Full Name of Organization										1					1	1	1	_
1. Full Name of Organisation																		
(For individuals, provide in order of																		
first name, middle name, surname)															_	-		
2. Address of Organisation	ber																	
	Area/ R																	
	Locality									-								
	Pin Coo											1	1		1	r		
	Email Ic Telepho																	
	Fax Nu																	
			I	I	I						I	I						
																	-	1
3. Entry Number of Sixth Schedule	under wh	nich the	applic	cant is	s elig	ible t	to cla	aim r	efund	t							1	
																	1	I
									1		- .	-			- .		-	
4. Date of filing of last refund claim	(if any)				(n	nm/d	d/yy)			/				/			
															1			
5. Total tax paid as per invoices at	ached*						(F	Rs.)										
*Please complete Annexure and attach	all tax inva	inen for	which t		Eurod i	, hair		imad										
Please complete Annexure and attach	ali lax irivo	lices ior	which t	axiei	una is	s bein	ig cia	imea										
6. Details of Bank Account in which	Aco	count N	umber	r														[
refund should be remitted MICR Number																		
	Na																	
	Ado	[
7. Verification																		
I/We				here	by so	olem	nly a	ffirm	and	decla	are tl	hat tl	he in	form	ation	give	en	
hereinabove is true and correct to the	ne best of	f my/oui	⁻ know	ledge	e and	l beli	ef ar	nd no	thing) has	bee	n co	ncea	led t	here	from		
Signature of Authorised Signatory						_												_
Full Name (first name, middle, sur	iame)																	-
Designation																		
Boolghalon																		_
Place																		
						1											1	
Date																		
		Vacr																
Day Month		Year																

Department of Value Added Tax Government of NCT of Delhi

Form DVAT 23: Annexure

(i) Details of purchases of tax paid goods in respect of which refund of tax is sought

S.No.	Tax Invoice date	Tax Invo	ice No.	Supplier R unde	egistration r er the Act	no.		e Price (R sive of tax			Т	ax (R	ls.)	
			Carry tota	 ,										
			to main					Total	_	_	_	_	_	
			form to (5	»)		L		TULAI						
	rification													
I/We _ herein	above is true	and correct	to the bes	t of my/our kn	hereby s lowledge an	solemn Id belie	ly affirm f and not	and decla thing has l	re tha been (t the	infor ealec	matic ther	on giv efrom	en I.
Signat	ure of Authori	ised Signato		-	-			-						
Full N	ame <i>(first na</i>	me, middle,	surname)											
Desig	nation													
Place														
Date														
Duio	Day	Month	1	Year	-									

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 months 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/transactions eligible for refund