Department of Trade and Taxes Government of NCT of Delhi

Form DVAT 23 PART - A [See Rule 35]

Delhi Value Added Tax Refund Form

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

1. Full Name of Org														
(For individuals, pr														
first name, middle name, surname)														
							-							
2. Address of	Building N	Name/ Num	lber											
Organisation	Area/ Roa													
	Locality/ N	Market												
	Pin Code													
	Email Id													
	Telephone	e Number												
	Fax Number													
3. Entry Number of	Sixth Schee	dule under v	which the	he ap	plica	nt is	eligit	ole to	clain	n re	fund	t		
4. Date of filing of la	ast refund cl	aim (if any))		(dd/mm/yy) / /									
5. Total tax paid as	5. Total tax paid as per invoices attached* (Rs.)											l l		
*Please complete Annexure and attach all tax invoices for which tax refund is being claimed														
*Please complete Ann	exure and a	ittach all tai	x invoic	es fo	r whi	ch ta	x refi	und is	s beu	ıg c	lain	ıed		
6. Details of Bank						<u> </u>								
in which refund sh		Account Nu MICR Num					_		_	+				
remitted		Name of Ba				_		_	<u> </u>					
Terintica		Address of I		_		_		-	-					
				-		-								
						_		_	<u> </u>		1			
7. Verification														
I/We					ı	arah	veol	emnlv	v off	irm	and	مارا	مام	ra
that the information	given herei	nabove is t	rue and	corr										
belief and nothing ha	•			con) the	Dest	or my	/our	KIIC	Jwie	uge		u
bener and nothing in	as been conc	cealed there												
Signature of Author	ised Signato	ory												
Full Name (first na	me, middle,	surname)												
Designation/Status														
Place										Т	Т		Т	
1 lace														
Date														
	Month		'ear	_										
Day	wonun	ľ	ear											

Form DVAT 23 PART - B

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

S.No.	Tax Invoice date	Tax Invoice No.	Supplier TIN under the Act	Purchase Price (Rs.) (inclusive of tax)	Tax (Rs.)
	Guite	1101			(1101)
			Carry total to main form to (5)		
				 Total 	

Place													
								-					
Date													
	Da	ay	Mo	nth		Ye	ear						

Instructions for filling Refund 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 three 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

Substituted vide notification no. F.3(22)/Fin.(T&E)/2006-07/dsfte/344-353 dated 07.09.2006 w.e.f. 07.09.2006.