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 Organization							l l	1					l l	l l	ļ
_															
(For individuals, p		*													
first name, middle	name, surno	ame)													
								•	•				·		
2. Address of	Building	Name/ Number													
Organisation	Area/ Roa	area/ Road													
	Locality/	Locality/ Market													
	Pin Code														
	Email Id														
	Telephone Number														
	Fax Num	ber													
3. Entry Number of S	Sixth Sched	lule under which th	e app	lica	nt is	s eli	gible	to c	lain	n re	func	l			
4. Date of filing of la	st refund cl	 aim (if any)		(d	d/m	m/y	v)				/ [7		
" Bute of fifting of fu		ann (n uny)		(4	G/ 111	<u> </u>	<i>3)</i>				Ĺ		′		
5 Total tay maid as m		attached* (Da)	1												
5. Total tax paid as p	er invoices	attached* (Rs.)													
		attached* (Rs.) and attach all tax in		s for	r wl	hich	tax	refur	nd is	bei	ing o	clair	ned		
				s for	r wh	nich	tax	refur	ld is	bei	ing o	clain	ned		
*Please complete . 6. Details of Bank A	Annexure a			s for	r wh	nich	tax	refur	ad is	bei	ing o	clain	ned		
*Please complete A 6. Details of Bank A which refund sl	Annexure a	nd attach all tax in		s for	r wl	nich	tax	refur	ad is	bei	ing o	clain	ned		
*Please complete . 6. Details of Bank A	Annexure a	nd attach all tax in Account Number		s for	r wh	nich	tax	refur	ad is	bei	ing o	clain	ned		
*Please complete A 6. Details of Bank A which refund sl	Annexure a	nd attach all tax in Account Number MICR Number		s for	r wh	nich	tax	refur	ad is	bei	ing o	clain	med		
*Please complete A 6. Details of Bank A which refund sl	Annexure a	Account Number MICR Number Name of Bank		s for	r wh	nich	tax	refur	ad is	bei	ing c	clair	med		

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

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 un the Act	ıder	Purchase Price (Rs.) (inclusive of tax)	Tax (Rs.)
			Carry total to main form to (5)			
					Total	
(ii) Ver	ification					
					by solemnly affirm and d	
	ation given here has been conce		and correct to the	e bes	st of my/our knowledge	and belief and
	re of Authorised					
	me (first name,		 ne)			
ruii Na	,					
	ation/Status					
	ation/Status					
	ation/Status					
Designa	ation/Status					
Designa	ation/Status					

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