

Form VAT -06 D
[See Rule 18 (10)]
Application for option to pay tax at full rate on the MRP

Registration No. (TIN)																	
Name of Dealer																	

1. Date of Opting to pay tax at full rate on MRP
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2. Goods for which option is sought to pay tax at full rate on MRP:-
 - (i) Drugs and medicine as mentioned at S.No. 43 of Schedule IV.
 - (ii) Dietary supplements including nutritional supplements, protein supplements and health foods.
 - (iii) Toothpastes, soaps and creams as manufactured by pharmaceuticals industries under license issued under the drugs and cosmetics Act, 1940.
 - (iv) Chemicals and fertilizers.
 - (v) Others (Please specify)

Place:

Signature:

Date:

Name:

Status:

Verification

I verify that the above information is true and correct to the best of my knowledge and belief and nothing has been concealed.

Place:

Signature:

Date:

Name:

Status: ”