

16 FORM VAT - 22

[See Rule 29(1)]

Application for refund by a person or unregistered dealer

To

| | |
|--|---|
| 1. Name of Person | <input type="text"/> |
| or Dealer | <input type="text"/> |
| 2. Address | <input type="text"/> |
| No/ Area/ locality | <input type="text"/> |
| Town/City | <input type="text"/> |
| District (State) | <input type="text"/> |
| Pin Code | <input type="text"/> |
| Alternate e-mail Id | Email Id <input type="text"/> |
| Telephone Number(s) | <input type="text"/> Fax No. <input type="text"/> |
| 3. Details of Bank: | |
| 3.1 Name of the Bank in | <input type="text"/> |
| which refund is sought | <input type="text"/> |
| 3.2 Name of the Branch | <input type="text"/> |
| 3.3 Account No. | <input type="text"/> |
| 3.4 Account Type | <input type="text"/> |
| 3.5 IFSC No. of Branch | <input type="text"/> |
| 4. Amount of Refund claimed (Rs.) | <input type="text"/> |
| 5. Reason(s) for refund | <input type="text"/> |
| a. Result of an order passed (give details) - | |
| i. Period | From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| ii. Date of order | DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| b. As a result of order of competent officer/authority/court - | |
| i. Name of Authority | <input type="text"/> |
| ii. Date of order | DD/MM/YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Place :

Signature

Date :

Name:

Status

Verification

I certify that the above information and its enclosures (if any) are true and correct to the best of my knowledge and belief and nothing has been concealed

Place :

Signature

Date :

Full Name:

Status

1. Substituted by clause 9 of the Rajasthan Value Added Tax (Eighth Amendment) Rules, 2008 w.e.f. 30.08.2008

Instructions

1. Please read the instructions carefully.
2. All the entries should be filled in capital letters.
3. Tick ✓ applicable in option boxes.
4. Please ensure that the form is complete.
5. This Form should be verified and signed by:
 - a. Proprietor, in case of Proprietorship concern.
 - b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
 - c. Managing Director or authorized signatory, in case of a Company.
 - d. Karta, in case of Hindu Undivided Family.
 - e. Authorised Signatory, in all other cases.
6. Enclose original copies of VAT invoices.
7. Enclose copy of contract (in case of contractors).
8. Wherever applicable, attach copy of documents (in support that you are not liable to tax).”