FORM VAT - 32

[See Rule- 33(2)]

Application for Restoration of Appeal

	For office Use only Restoration Applica	ation No													
	Date of filing:														
1.	Name of Dealer/ Person									Н	\pm	\prod	1	1	\blacksquare
2.	Date of order of disr	nissal in default (DD/MM/YYYY)													
3.	Date of service of sa	aid order				(DD)	/ MM	/YYY	Y)						
4.	Reason(s) for non a	Reason(s) for non appearance on the date of hearing.													
	Place: Date:		Name of Status	· Perso	n	:	5	Signa	ature	e					
Verification															
I verify that the information given in this form and its attachments enclosures (if any) is true a correct to the best of my knowledge and belief and nothing has been concealed.													and		
	Place: Date:		Name Status			:	8	Signa	ature	е					

Instructions:

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 any other Partner
- 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