

# Form VAT – 46

[(See Rule 51 (2)(b)]

## SEIZURE MEMO

Original/ Duplicate

1. Name of the Dealer/ Person \_\_\_\_\_

2. Registrations No. (TIN) \_\_\_\_\_

3. Address

Building Name/ Number \_\_\_\_\_

Area/ Road \_\_\_\_\_

Town/City \_\_\_\_\_

District (State) \_\_\_\_\_

Pin Code \_\_\_\_\_

Email Id \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

4. Date of Survey / Inspection /  
Search

5. Details of goods seized *(Use separate sheet, if required)*

Description of the goods	No. of packages Quantity	Weight	Estimated value	Other particulars

Reason(s) for seizure:

\_\_\_\_\_

\_\_\_\_\_

6. Details of books of accounts / registers / other documents seized *(Use separate sheet, if required)*

Exhibit No.	Description	No. of pages	No of pages signed by the inspecting authority	No. of pages signed by the dealer or his business manager

Reason(s) for seizure:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of officer \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Seal

Signature of dealer / business manager \_\_\_\_\_

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_

Seized and Signed in presence of :

Witness 1:

Witness 2:

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Place \_\_\_\_\_  
Date \_\_\_\_\_