

<i>in order of first name, middle name, surname</i>																				
2. Driving License No.																				

D. Registration No. under the Motor Vehicles Act or other description of the goods vehicle in which the goods are carried.																				
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Goods moved from _____ to _____ (destination).

Signature of the owner/person in charge of goods vehicle

Filed under sub-section (2A) of section 61 of the Delhi Value Added Tax Act, 2004, before officer in charge of check post at _____ (place) on _____ (date) at _____ (time).

Transporter's Stamp

Signature of the owner/person in charge of goods vehicle

TRANSIT SLIP

Certified that the goods referred to above have been checked and cleared for carriage through Delhi provided that they are carried out of Delhi before _____ (time) on _____ (date) and that this transit slip is surrendered to the officer in charge of the check post at _____

Signature and seal of the officer in charge of check post at _____

Seal

1. Registration No. of Goods Carrier: _____

2. Date and Time of dispatch: Date _____ Time _____

3. G/R Number: _____ Date : (mm/dd/yy) _____

4. Name of transporter: _____

5. Address of transporter: _____

6. Signature and Stamp of transporter: _____

Transporter's Stamp

Form DVAT 35

(See Rule 43 of the Delhi Value Added Tax Rules, 2005)

Import Declaration

Book No. _____

Form Serial No. _____

DUPLICATE

(To be subsequently submitted with the Value Added Tax authorities at the time of issuance of fresh forms along with the utilisation details of the forms got issued earlier)

To be used by a dealer registered under the Delhi Value Added Tax Act, 2004 for import of goods into Delhi

To be filled in by the importing dealer and sent to consignor for despatch of goods

1. Full Name of Consignor <i>(For individuals, provide in order of first name, middle name, surname)</i>																	
2. Address of Consignor	Building Name/ Number																
	Area/ Road																
	City																
	District																
	State																
	Pin Code																
	Telephone Number																
3. Registration No. of Consignor*																	

* CST Registration No.

Nature of transaction Tick one Purchase Other (pls specify) _____

Signature of Consignee (importing dealer) _____

Consignee's Stamp

To be filled in by the exporting dealer upon dispatch of goods

1. Full Name of Consignee <i>(For individuals, provide in order of first name, middle name, surname)</i>																	
2. Address of Consignee	Building Name/ Number																
	Area/ Road																
	Locality/ Market																
	Pin Code																
3. Registration No. of Consignee																	

Date of declaration (dd/mm/yyyy) / / 20 / /

Particulars of Goods

Sl.No.	Description of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Cash Memo / Invoice / Deliver Note No. / / 20 / /

Date (dd/mm/yyyy) / / 20 / /

Name of Transporter: _____

Consignor's Stamp

Date of dispatch of goods (mm/dd/yy) _____

Signature of Consignor (Exporting dealer) _____

Date (mm/dd/yy) _____

To be filled in by the transporter

1. Registration No. of Goods Carrier: _____

2. Date and Time of dispatch: Date _____ Time _____

3. G/R Number: _____ Date :(mm/dd/yy) _____

4. Name of transporter: _____

5. Address of transporter: _____

6. Signature and Stamp of transporter: _____

Transporter's Stamp

Form DVAT 35B

(See Rule 43 of the Delhi Value Added Tax Rules, 2005)

Account of Declaration Forms DVAT 34 / DVAT 35

For the period _____ to _____

1. Form DVAT 34

Date of Issue (mm/dd/yy)	Sl. No. Issued	Name and Address of the person to whom issued	Description of goods in respect of which issued	Value of goods (Rs.)	Retail Invoice No.
1	2	3	4	5	6

2. Form DVAT 35

Date of Issue (mm/dd/yy)	Sl. No. Issued	Name and Address of the person to whom issued	Description of goods in respect of which issued	Value of goods (Rs.)	Seller's Invoice/Retail Invoice No.
1	2	3	4	5	6

3. Forms utilisation summary

		Form 34			Form 35		
	Unused forms at the beginning of the period						
+	Received from Value Added Tax department during the period						
-	Issued during the period (as per details provided above)						
-	Surrendered to Value Added Tax department during the period						
=	Closing balance of forms carried to next period						

4. Verification : I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

Full Name (first name, middle, surname) _____

Designation _____

Place _____ Date (mm/dd/yy) _____ / _____ / _____