

FORM-XXIX

[See clause 12.5.1]

Application for reimbursement of VAT paid by Manufacturing Enterprise.

PART-A (General Information)

1.	Name of the Enterprise	
2.	Registration No. (TIN), if any	
3.	Address of the Enterprise	
4.	E-mail address	
5.	Mobile No.	
6.	Details of Bank	
	(a) Name of Bank in which reimbursement of tax is sought	
	(b) Name of the Branch	
	(c) Account Type	
	(d) Account Number	
	(e) IFSC Code of the Branch	
	(f) MICR of the Branch	
7.	Total amount of tax to be reimbursed	

PART-B

Particulars of purchases made within the State against VAT invoice:

S. No.	Name of the selling dealer	TIN	Name of commodity	Detail of invoice (s)			
				Number	Date	Amount	Tax

I do hereby verify that all the above facts are true to the best of my knowledge and belief.

Encl: copy of original VAT invoices

Place :

Signature for and on behalf of the Applicant Enterprise

Date :