

**REVISED PETITION IN THE HIGH COURT OF
ANDHRA PRADESH AT HYDERABAD
(APPELLATE SIDE)**

FORM APP 402

MEMORANDUM OF CIVIL REVISION PETITION

[Under Section 34 (1)] [See Rule 46]

Civil Revision Petition No :

Petitioner

Versus

Respondent

Revision petition presented to the High Court to revise the order of the Sales Tax Appellate Tribunal.

Date and passed in

01.	Name, address and TIN/GRN No. of the Dealer	
02.	Tax period / Tax periods	
03.	The designation of the officer whose orders were appealed against before the Appellate Tribunal	
04.	Date of communication of the order of the Appellate Tribunal.	
05.	Findings of the Appellate Tribunal (State in serial and appropriate order the relevant findings arrived at by the Tribunal).	
06.	Questions of law raised for decision by the High Court (Here formulate the questions of law raised concisely, etc.,)	

(Signed) Petitioner(s)

(Signed) Authorised Representatives if any

VERIFICATION

I/We the _____ petitioner(s) do hereby declare that what is stated above is true to the best of my/our knowledge and belief. Verified to day the _____ day of _____ 200 _____

(Signed) Petitioner(s)

(Signed) Authorised Representatives if any

Note:—

1. The petition should be accompanied by a certified copy of the order of the Appellate Tribunal.
2. The petition should (if preferred by a dealer) be accompanied by a fee of Rs. 500/-
3. The petition should be written in English and should set forth concisely and under distinct heads the facts of the case, the findings arrived at by the Tribunal, and the questions of law, raised consecutively. There should be no argument or narrative.

IN THE HIGH COURT OF ANDHRA PRADESH AT
HYDERABAD (APPELLATE SIDE)

FORM APP 403

MEMORANDUM OF APPEAL AGAINST ORDER

[Under Section 35] [See Rule 47]

Appeal against the order of the (Commissioner of Commercial Taxes) dated and passed in

01.	Name, address and TIN/GRN No. of the Dealer	
02.	Tax period / Tax periods	
03.	Authority passing the original order	
04.	State if the order was modified at any time previously by any officer subordinate to the (Commissioner of Commercial Taxes) and if so in what manner (state the results of modification briefly)	
05.	Date of communication of the order of the (Commissioner of Commercial Taxes).	
06.	Address to which notice may be sent to the Appellant	
07.	Address to which notice may be sent to the respondent	
08.	Relief claimed in appeal –	
	(a) Taxable turnover determined by the assessing authority	Rs.
	(b) Taxable turnover modified prior to Suo Motu by the (Commissioner of Commercial Taxes)	Rs.
	(c) Relief claimed	Rs.
	(d) Grounds of appeal –	
	(i) State the facts disputed briefly	
	(ii) State the question of law raised for decision by the High Court	

(Signed) Appellant(s)

(Signed) Authorised Representatives if any

VERIFICATION

I/We the _____ petitioner (s) do hereby declare that what is stated above is true to the best of my/our knowledge and belief. Verified to day the _____ day of _____ 200 ____.

(Signed) Appellant(s)

(Signed) Authorised Representatives if any

Note:—

1. The appeal should be accompanied by a certified copy of the order of the (Commissioner of Commercial Taxes) appealed against.
2. The appeal should be accompanied by a fee calculated at the rate of two percent of the disputed tax and surcharge or penalty subject to a minimum of Rs. 500/- and a maximum of Rs. 2,000/-.
3. The appeal should be written in English and should set forth concisely and under distinct heads, the facts of the case, the grounds of appeal and the points of law raised consecutively.

**REVIEW IN THE HIGH COURT OF ANDHRA
PRADESH AT HYDERABAD (APPELLATE SIDE)**

FORM APP 404

MEMORANDUM OF CIVIL MISCELLANEOUS PETITIONS

[Under Section 34 (7)] [See Rule 48]

Civil Miscellaneous Petition No :

Appellant

Versus

Respondent

Petition for review of the order of the High Court dated and passed in Civil Revision Petition No. :

01. Number and date of order of the High Court now sought to be reviewed	
02. Date of communication of the order	
03. Question of law decided by the High court (here formulate the decision of High Court concisely)	
04. Fresh facts which were not before the High Court when it passed the original Order (state the fact without a narrative)	
05. Question of law now raised etc.,	

(Signed) Appellant(s)

(Signed) Authorised Representatives if any

VERIFICATION

I/We the _____ appellant(s) do hereby declare that what is stated above is true to the best of my/our knowledge and belief.

Verified to day the _____ day of _____ 200 _____

(Signed) Appellant(s)

(Signed) Authorised Representatives if any

Note:—

1. The petition should be accompanied by a certified copy of the order of the High Court sought be reviewed.
2. The petition should (if preferred by a dealer) be accompanied by a fee of Rs. 100/-.
3. The petition should be written in English and should set forth concisely and under distinct heads, the facts of the case, the findings arrived at by the Tribunal, and the questions of law, raised consecutively. There should be no argument or narrative.

**REVIEW IN THE HIGH COURT OF ANDHRA
PRADESH AT HYDERABAD
(APPELLATE SIDE)**

FORM APP 405

MEMORANDUM OF CIVIL MISCELLANEOUS PETITIONS

[Under Section 35 (4)] [See Rule 48]

Civil Miscellaneous Petition No :

Appellant	Versus	Respondent
Petition for review of the order of the High Court dated _____ and passed in appeal against Order No.		

01.	Number and date of the order of the High Court now sought to be reviewed.	
02.	Date of communication of the order	
03.	Question of fact decided by the High Court	
04.	Question of law decided by the High Court	
05.	Fresh facts which were not before the High Court when it passed the original order (state the fact without a narrative)	
06.	Question of fact now raised etc.,	
07.	Question of fact now raised etc.,	

(Signed) Appellant(s)
(Signed) Authorised Representatives if any

FORM APP 406**APPLICATION FOR STAY OF COLLECTION OF
DISPUTED TAX**

[Under Sections 31 (2) & 33 (6)] [See Rule 39 (1)]

01. Office Address:	Date	Month	Year						
	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	02	TIN/GRN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

03. Name : _____ Address : _____ _____
--

04. Tax period	
05. Authority passing the order or proceeding disputed	
06. Date on which the order or proceeding was communicated.	
07. (1) (a) Tax assessed (b) Tax disputed (2) Penalty / Interest disputed	Rs. Rs. Rs.
08. Amount for which stay is being sought	
09. Address to which the communications may be sent to the applicant.	

Signature of the Dealer(s)**Signature of the Authorised Representatives if any**

VERIFICATION

I/We _____ applicant(s) do hereby declare that what is stated above is true to the best of my/our knowledge and belief.

Verified to day the _____ day of _____ 200 _____

Signature of the Dealer(s)

Signature of the Authorised Representatives if any

Note :—

1. The revision application should be accompanied by the original order against which it is filed or by a certified copy thereof unless the omission to produce such order or copy is explained to the satisfaction of the revisional authority.
2. The application should be written in English and should set forth concisely and under distinct heads the grounds of appeal without any argument or narrative and such grounds should be numbered consecutively.

The application should be in duplicate.

FORM VAT 501**CERTIFICATE OF TAX COLLECTION AT SOURCE**

[See Rule 17 (2) (d) & (2) (f)]

01. Office Address:	Date	Month	Year
	02 TIN		

03. Name : _____
Address : _____

I/We _____ certify that a sum of Rs. _____ was collected being the amount payable by M/s. _____ towards Value Added Tax collected at the rate of 4% on the total value of the contract and the amount has been paid to the sales tax (Major Head 040) credit of Government of Andhra Pradesh.

04. Date of the Contract / supply order	
05. Nature of Contract / Supply order	
06. Full Value of Contract / Supply order	
07. Bill No./ Voucher Cash Memo and Date	
08. Amount paid in the bill and Date of Payment	
09. Amount of Value Added Tax Collected @ 4% of Col. 8 above	
10. Remittance Particulars to the Government	

**Signature of the Officer / reason responsible for
Collection of amount / remittance to
Commercial Taxes Department with Seal**

FORM VAT 501A**CERTIFICATE OF TAX DEDUCTION AT SOURCE**

[See Rules 17 (1) (f), 17 (3) (e) & 18 (1) (b)]

01. Office Address:
--

Date	Month	Year

02	TIN																			
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name : _____ Address : _____ _____
--

I/We _____ certify that a sum of Rs. _____ was collected being the amount payable by M/s. _____ towards Value Added Tax deducted at the rate of 2% on the total value of the contract and the amount has been / will be paid to the sales tax (Major Head 040) credit of Government of Andhra Pradesh.

04. Date of the Contract / supply order	
05. Nature of Contract / Supply order	
06. Full Value of Contract / Supply order	
07. Bill No./ Voucher Cash Memo	
08. During the month / year	
09. Amount of Value Added Tax deducted	
10. Remittance Particulars	

**Signature of the Officer / Person responsible
for deduction of amount / remittance to
Commercial Taxes Department with Seal**

FORM VAT 502

DECLARATION OF A VAT DEALER AVAILING INDUSTRIAL INCENTIVES

[See Rule 67 (4)]

01. Office Address:

Date Month Year

02 TIN | | | | | | | | | | | | | | | | | | | | | |

03. Name : _____
 Address : _____

04. Tax period _____ from _____ to _____

05. Details of Industrial Incentives eligibility certificate :

06. Details of availment :

Total amount of eligibility	Incentives availed upto last month	Incentive availed in this month	Balance	Remarks
1	2	3	4	5

07. Declaration
 Name _____ S/o / D/o _____ being (title) _____ of the above enterprise do hereby declare that the information given on his documents is true and correct.
 Date of declaration _____ Signature & Stamp _____.

FORM VAT 503

**DECLARATION OF A VAT DEALER FOR ADJUSTMENT OF
ENTRY TAX/OTHER TAX**

[See Rules 17 (1) (f), 17 (3) (e) & 18 (1) (b)]

01. Tax Office Address :
.....
.....
.....

Date Month Year

--	--	--

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name : _____
 Address : _____

04. Nature of adjustment Entry Tax others
 (Please Mark '□' on the appropriate Box)

05. Details of Payment :

Sl. No.	Commodity	Purchase Invoice No. & Date	Amount of Entry Tax Paid	Payment mode Ch/DD/Cr. & Date	Tax period for which to be adjusted	Remarks

06. Declaration :

Name _____ S/o / D/o _____ being
 (title) _____ of the above enterprise do
 hereby declare that the information given on this documents is true and
 correct.

Date of declaration _____ Signature & Stamp _____

FORM VAT 510**APPLICATION FOR REFUND OF TAX UNDER
SECTION 15 (3)**

[See Rules 35 (11)]

01. Tax Office Address :
.....
.....
.....

Date Month Year

--	--	--

03. Name : _____
Address : _____

We have purchased the following goods in Andhra Pradesh during the period

Sl. No.	Name of the Dealer from whom purchased	TIN/GRN	Address	Invoice No. & Date	Commodity	Rate of Tax Charged	Value of the Goods	VAT/TOT Paid	Remarks
Total tax claimed as Refund									

Therefore, we request you that the tax paid on the above purchases may be given as refund as per the provisions of the AP VAT Act 2005.

**Signature of Authorised Officer,
Name & Status. Officer Stamp**

FORM VAT 510A**APPLICATION FOR REFUND OF TAX TO AGENCIES OF
U.N.O. ICRISAT ETC.**

[See Rules 35 (12)]

01. Tax Office Address :	Date	Month	Year
.....			
.....			
.....			

03. Name : _____
Address : _____

We have purchased the following goods in Andhra Pradesh during the period

Sl. No.	Name of the Dealer from whom purchased	TIN/GRN	Address	Invoice No. & Date	Commodity	Rate of Tax Charged	Value of the Goods	VAT/TOT Paid	Remarks
Total tax claimed as Refund									

Therefore, we request you that the tax paid on the above purchases may be given as refund as per the provisions of the AP VAT Act 2005.

**Signature of Authorised Officer,
Name & Status. Officer Stamp**

FORM VAT 515**STATEMENT OF THE GOODS STORED IN COLD STORAGE**

[See Rule 32 (2)]

01. Tax Office Address :

Period for which statement is filed :

TIN / GRN

02. Name : _____ Address : _____ _____ _____

I, _____ S/o, D/o, W/o _____ on behalf of M/s. _____ (name and address of the cold storate) furnish hereunder the statement of the goods entrusted to us for storage by the persons other than the registered dealers and farmers in the month of _____

Sl. No.	Name & Address of the person	Nature of goods stored	Quantity	Date of Storage	Sl. No. in Form 520
1	2	3	4	5	6

**Signature and Designation
of the authorised person on
Behalf of cold storage**

REGISTER OF GOODS KEPT IN COLD STORAGE**FORM VAT 520**

[See Rule 32 (1) & (3)]

Sl. No.	Name and full address of the person who has kept stocks in the cold storage	Nature of goods	No. of bags and quantity	Date of entry in the cold storage	Is the person registered dealer/farmer/others	If the person is a registered dealer his TIN or GRN	If the person is a farmer, the details of his land holding (Sy. No. Village and extent of land)	Name, Address and RC No. of the selling agent of the farmer if any	Date of removal of goods	No. of bags and quantity removed	Whether the goods removed are weighed and sold in the premises of the cold storage	If so, the name, address and TIN or GRN of the purchaser	If the goods removed are not weighed and sold in the cold storage premises whether they are taken to market yard	If so, the name, address TIN or GRN of the selling agent to whose shop the stocks are taken to
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FORM 520A

**¹[REGISTER OF RECORDS TO BE MAINTAINED
BY THE TRANSPORTER / OWNER OR THE /
PERSON IN CHARGE OF THE GOODS VEHICLE /
VESSEL / BOAT**

[See Rule 55 (7)]

1. Name and address of the person consigning the goods.

Name	TIN No.
Address	CST No.
.....	STATE.

2. Full address of place
- (a) From which consigned
- (b) to which consigned.

Name of Place	Name of Place
Full Address	Full Address
.....

3. The name and address of the dealer / person to whom the goods are consigned.

Name	TIN No.
Address	CST No.
.....	STATE.

1. Ins. by G.O.Ms.No. 2201, Revenue (CT-II) Dept., dt. 29-12-2005.

4. Description, quantity and value of goods.

Sl.No.	Commodity	Invoice No. Delivery Challan No. Excise Gate Pass No. Way Bill No. L.R. No. /R.R.No. etc.	Date	Quantity	Value
1					
2					
3					
4					
5					

5. Name and address of the owner of the goods vehicle or boat / vessel by which the goods are consigned.

Name Address	VEHICLE No./BOAT/ VESSEL No.
--------------------------------------	---------------------------------

Signature of the Transporter

FORM VAT 521**ACCOUNT TO BE MAINTAINED BY SELLING AGENT ON
BEHALF OF AGRICULTURIST PRINCIPALS /
UNREGISTERED / TOT DEALER**

[See Rule 34 (1)]

Date	Name & Address of Agriculturist Principal / Unregistered / TOT Dealer	Com- modity Sold	Quantity	Value	Name & Address of Buying Dealer	Regn. No. (TIN / GRN) of Buying dealer
1	2	3	4	5	6	7

FORM VAT 522**ACCOUNT TO BE MAINTAINED BY SELLING / BUYING
AGENTS ON BEHALF OF RESIDENT PRINCIPAL OTHER
THAN AGRICULTURIST PRINCIPAL**

[See Rule 34 (2) (a)]

Sl. No.	Particulars of the Principal on whose behalf sale / purchase is made (Name, Address, TIN / GRN)	Date of transaction	Tax invoice/ Invoice No.	Description & Qty. of Goods	Value	Particulars of Buying/ Selling Dealer (Name, Address, TIN / GRN)
1	2	3	4	5	6	7

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 522A

**AUTHORISATION BY A RESIDENT PRINCIPAL TO
HIS AGENT**

[See Rules 34 (2) (b) & (c)]

I/We carrying on business in the name of M/s. _____
with TIN / GRN _____ hereby
authorise my / our agent M/s. _____ to
transact on my / our behalf and :

* (i) to issue my / our invoices numbering from _____ to _____
for the period _____.

*(ii) to issue his invoices bearing the stamp and seal of M/s. _____
_____ for the period _____.

Date :

Place :

**Signature of the
Resident Principal**

* Strike off whichever is not applicable.

FORM VAT 523

**ACCOUNT TO BE MAINTAINED BY SELLING / BUYING
AGENT ON BEHALF OF NON-RESIDENT PRINCIPALS**

[See Rule 34 (3)]

Date	Name & Address of Non- resident Principal	TIN of NRP	Tax Invoice or Invoice No./Date issued / received	Com- modity	Quantity	Value	Transpor- tation Details
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

REGISTER OF KAPAS GINNED AND DESPATCHES OF LINT & SEED

[See Rule 34 (4) (a)]

Date	Name & address of the party from whom received	TIN/GRN No.	No. of boras and Weight	Signature of the person who bought the stock	Name and address of the person to whom despatched	Quantity Despatched			Vehicle No.	Way Bill No.
						TIN/GRN No.	Lint (Ginned Cotton)	Seed		
							No. of bales weight	No. of bags / weight		
1	2	3	4	5	6	7	8	9	10	11

FORM VAT 525**REGISTER OF STOCKS**

[See Rule 34 (4) (b)]

	Opening Stock			Quantity Received		
Date	Kapas Boras Weight	Lint (ginned cotton) Bales Weight	Cotton Seed Bags Weight	Kapas Boras Weight	Lint (ginned cotton) Bales Weight	Cotton Seed Bags Weight
1	2(a)	2(b)	2(c)	3(a)	3(b)	3(c)

Quantity Despatched			Closing Stock		
Kapas Boras Weight	Lint (ginned cotton) Bales Weight	Cotton Seed Bags Weight	Kapas Boras Weight	Lint (ginned cotton) Bales Weight	Cotton Seed Bags Weight
4(a)	4(b)	4(c)	5(a)	5(b)	5(c)

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 555

**NOTICE FOR PRODUCTION OF DOCUMENTS AND
INFORMATION**

[See Rule 61 (1) (a)]

01. Tax Office Address :

Date	Month	Year

To

03. Name : _____ Address : _____ _____
--

Whereas your attendance is necessary to give evidence / whereas the following documents (herein describe the documents in sufficient detail for proper identification with reasonable certainty) are required with reference to an enquiry under the Andhra Pradesh Value Added Tax Act, 2005 (here enter briefly the subject of the enquiry) now pending before me, you are hereby summoned to appear in person or through an authorised representative to produce, or cause to produce, the said documents before me on the ____ day of _____ at ____ O' clock at (place) _____

Without prejudice to the provisions of any other law for the time being in force, if you intentionally omit or fail to attend and give evidence or to produce the books of accounts registers, records/or other documents, as required, a penalty upto Rs. _____ (Rupees _____ only) may be imposed upon you under Section _____ of the AP VAT Act, 2005.

Given under my hand and seal this _____ day of _____

Signature
Official Designation

Seal :

FORM VAT 560

NOMINATION OF RESPONSIBLE PERSON

[See Rule 63 (1) & (3)]

Declaration notifying persons authorised to sign any return / document / Statements and to receive notices, orders, etc., under the Andhra Pradesh Value Added Tax Act, 2005

To

Name :
Address :
.....
.....

Date	Month	Year

TIN / GRN	
-----------	--

I/We _____ being Proprietor / Managing Partner / Managing Director etc., do hereby authorise the following person(s) to sign any return / documents / statements and to receive notices, orders etc., under the Andhra Pradesh Value Added Tax Act, 2005.

Sl. No.	Name of the Person	Status and relationship of the person to the dealer	Specimen signature of the person named in Col. (2)
1	2	3	4

Signature of the Dealer(s) / Authorised Signatory

I/We _____ accept the above responsibility.

Signature of the person(s) authorised

FORM VAT 565

FORM OF AUTHORISATION

[See Rule 65 (7)]

Authorisation to be filed by a person appearing before any authority on behalf of a dealer under Section 66 of the Andhra Pradesh Value Added Tax Act, 2005

To

Name:.....
Address:.....
.....
.....

Date	Month	Year

TIN / GRN	
-----------	--

I/We _____ hereby appoint Sri _____ who is my relative / a person regularly employed by me / the said * _____ / a legal practitioner / a Chartered Accountant / a Sales Tax Practitioner to attend on my behalf / behalf of the said * _____ / before _____ (state the Tax Authority) the proceedings (describe the proceedings) _____ before the said (state the Tax Authority) _____ and to produce accounts and documents / statements and to receive on my behalf / behalf of the said** _____ any notice or documents / statements issued in connection with the said proceedings. Sri _____ is hereby authorised to act on my behalf/benefit of the said * _____ in the said proceedings.

I agree / the said * _____ agrees to rectify all acts done by the said Sri _____ in pursuance of this authorisation.

Signature(s) of the Authorising person(s)

I/We _____ accept the above responsibility.

Signature(s) of Authorised person(s)

*/** Delete as appropriate.

FORM VAT 570

**APPLICATION FOR CLARIFICATION AND
ADVANCE RULING**

[See Rule 66 (2) (i)]

01. Office Address:

.....

.....

.....

Date Month Year

--	--	--

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name : _____

Address : _____

I/We _____ S/o _____
on behalf of M/s. _____ request that
a clarification and advance ruling may be given on the following :

- (i)
- (ii)

I am herewith enclosing the specified fees for an amount of Rs. _____ in favour of the Commissioner of Commercial Taxes, A.P. Hyderabad. The details of fees payments are as below :

Sl. No.	D.D.No.	Date	Bank	Branch	Amount

Signature of the Dealer

**FORM X or
FORM 600**

FORM OF WAY BILL

[See Rule 33 (1) (d) & 55 (1) & (4)]

01. Office of issue

02. Date of issue of Way Bill by consignor Date Month Year

03. Name and address of the Dealer/Person Registration Number

Name : Address :	TIN / GRN <hr/> State
---	--------------------------

04. Full Address of Place (a) From which consigned (b) to which consigned.

Name : Address :	Name Address <hr/>
---	--------------------------

05. If the consignor is transporting goods :

- (a) In pursuance of sale for purpose of delivery to the buyer; or
- (b) After purchasing them; or
- (c) From one of the shops or godown to an agent for sale;
- (d) From shop or godown to another shop or godown for purpose of storage or sale; or
- (e) To his principal, having purchased them on his behalf; or
- (f) To his agent for sale on consignment basis.

(Mark "□ " whichever is applicable)

**THE NAME AND ADDRESS OF THE DEALER / PERSON TO WHOM
THE GOODS ARE CONSIGNED OR FROM WHOM GOODS WERE
PURCHASED**

.....

(Buyer or self or Agent or Principal)

Registration Number

Name : Address :	TIN / GRN
	State

06. Description, quantity and value of goods.

Sl. No.	Commodity	Invoice No./Date	Quantity	Value of Goods
1.				
2.				
3.				
4.				
5.				
6.				

07. Name and address of the owner of the goods vehicle or vessel by which the goods are consigned.

Name : Address :	Vehicle / Vessel Number

Declaration :

I / We certify that to the best of my / our knowledge the particulars furnished here are true and correct.

Signature of the Consignor

REGISTER OF WAY BILLS**FORM VAT 601**

[See Rule 55 (5)]

Name : _____
Address : _____

TIN / GRN	_____
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Circle	Division	Month
--------	----------	-------

Sl. No.	Way Bill Details		Invoice / DC Details		Consignee Details	
	Number	Date	Number	Date	Name & Address	TIN

Vehicle Number	Name of the Commodity	Quantity of goods	Value of goods

Total for the month

NB : Where a single Way Bill covers more than one Commodity the name of that commodity the value of which is the highest shall be mentioned in "commodity" column.

FORM VAT 602**DELIVERY NOTE BY CLEARING OR
FORWARDING AGENT**

[See Rules 33 (1) (b), 33 (1) (d) & 33 (2)]

I.	1) Sl.No. 2) Office of issue 3) Seal of issuing officer	
II.	Name and full address of the consignor-cum-importer with TIN in the State in which he is registered.	
III.	(1)(a) Name and full address of the clearing or forwarding agent (b) Consignee's TIN	
(2)	Name of the seaport from which transported	
(3)	Description of the goods	
(4)	Quantity and weight	
(5)	Value of the goods	
(6)	Destination	
(7)	In case consignee is the purchaser, sale invoice No. & Date	
(8)	Goods vehicle No. & Date	
(9)	Name of the Transporter	

DECLARATION

I/We _____ declare that to the best of my / our knowledge and belief the information furnished in the above statement is true and complete.

Place : _____ **Signature of the clearing or forwarding agent/importer**
Date : _____

Note : This form shall be in Triplicate. Original and Duplicate copies must be sent along with the goods vehicle / vessel.

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 603

NOTIFICATION OF SEIZURE OF GOODS

[See Rules 53 (1)]

01. Office Address:	Date	Month	Year
	02 TIN/GRN		

03. Name : _____
Address : _____

Whereas on inspection of your office / shop / godown / vehicle / vessel any other place of business as per the authorisation given by _____ the following irregularities have been identified.

- (1) _____
- (2) _____
- (3) _____

Therefore, your goods have been seized under Section 43 of AP VAT Act, 2005 read with Rule 53 (1) of AP VAT Rules, 2005.

Details of goods seized :

Sl. No.	Description of goods	Quantity	Value of goods
1.			
2.			
3.			
4.			

You are requested to reply to this order within 10 days of the date of this order along with the security in cash to the value of goods to consider to release the goods.

Signature of the Officer
Designation, Stamp, Seal

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 604

ORDER OF RELEASE OF THE GOODS

[See Rule 53 (2)]

01. Office Address:	Date	Month	Year
	02. TIN/GRN		

03. Name : _____
Address : _____

Ref :- Seizure of goods in Form 603 Dated _____

On inspection of your office / shop / godown / vehicle / vessel the goods seized under reference cited are hereby released on receipt of the amounts paid by you the details of which are mentioned below :

Goods Released :

Sl. No.	Description of goods	Quantity	Value of goods

Payments received :

Instrument No. & Date	Amount	Paid towards			
		Security	Tax	Penalty	Interest

Signature of the Officer
Designation, Stamp & Seal

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 605

ORDER OF CONFISCATION OF THE GOODS

[See Rule 53 (4)]

01. Office Address:	Date Month Year _____ _____										
	<table border="1"> <tr> <td style="width: 10%;">02</td> <td style="width: 15%;">TIN/GRN</td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>	02	TIN/GRN								
02	TIN/GRN										
03. Name : _____ Address : _____ _____											

Ref :- (1) Seizure of goods in Form 603 Dated _____

(2) Reply from M/s _____ Dated _____

On inspection of your office / shop / godown / vehicle / vessel and other place of business etc., a notification seizing the following goods was issued vide reference 1st cited.

Goods Seized :

Sl. No.	Description of goods	Quantity	Value of goods

*(a) Though the opportunity was provided, you have neither replied nor paid the security to consider to take action accordingly.

*(b) The reply furnished by you was considered but not tenable due to the following reasons

- (1) _____
 (2) _____
 (3) _____
 (4) _____

Therefore the goods seized as mentioned above have been confiscated under Section 43 of AP VAT Act, 2005 read with Rule 53(4) of AP VAT Rules, 2005.

* Strike off whichever is not applicable.

Signature of the Officer
Designation, Stamp & Seal

**GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT**

FORM VAT 606

AUCTION NOTICE

[See Rule 53 (8)]

01. Tax Office Address:
--

Date	Month	Year

02	TIN/GRN								
----	---------	--	--	--	--	--	--	--	--

Whereas on inspection of your office / shop / godown / vehicle / vessel and other place of business etc. M/s. _____ TIN / GRN _____ the following goods have been seized / detained :

Sl. No.	Description of goods	Quantity	Value of goods

It is informed that the above goods will be sold in open auction on _____ hrs. At _____.

The sale will commence at _____ A.M. and the property will knocked down to the highest bidder without reserve for ready cash. The purchaser will not be permitted to carry away any part of the property until he has paid for the same in full.

The sale will be subject to the powers of revision by the _____

If the purchaser fails to pay the purchase money, the property will be resold, and the defaulting purchaser will be liable for any loss arising as well as for the expenses incurred on the resale.

**Signature of the Officer
Designation, Stamp & Seal**

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 607

RECEIPT

[See Rule 53 (13) (b)]

Tax Office Address:

.....
.....
.....

As per the Auction Notice issued in Form 606, Dated _____ an amount of Rs. _____ (Rupees _____) received from M/s. _____ TIN / GRN _____ who is the highest bidder towards the payment on purchase of *Seized / detained goods.

Signature of the Officer
Designation, Stamp & Seal

* Strike off whichever is not applicable

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 608

**APPLICATION FOR SALE PROCEEDS WITH REFERENCE
TO ORDER OF APPEAL OR REVISION**

[See Rule 53 (16)]

01. Name & Address

02. Tax Office Address:
.....
.....
.....

Date	Month	Year
_____	_____	_____

03	TIN/GRN																		
----	---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ref :- 1) Goods seized specified in Form 603 Dated _____
2) Goods seized / detained put for sale in open action as per Form 604,
Dated _____

As per the references cited you have been

- * (i) seized / detained the goods
- * (ii) goods seized / detained have been sold in the open auction.

But as per the orders of appeal or revision Dated _____ given by
_____ the detention has been set aside :

Therefore I request

- * (i) to release the seized / detained goods
- * (ii) the sale proceeds should be paid to me deducting the admissible expenses.

Signature
Status

* Strike off whichever is not applicable

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 610

NOTICE OF DETAINING GOODS AT CHECK POST

[See Rule 56 (1) (a)]

01. Office Address:
.....
.....
.....

Date Month Year

--	--	--

Vehicle	
(A) Outgoing	(B) Incoming

03. Name : _____
Address : _____

03	TIN / GRN	
04	Sl. No. in the register of check of vehicle	
05	Date and hour of check	
06	Vehicle / Vessel Number	
07	Name of Driver with Address	
08	Name of Address of the Owner of the goods (Consignor)	
09	Name and Address of the Consignee	
10	Nature of goods	
11	Quantity	
Total value of the goods		

Whereas on inspection of your vehicle/vessel the following irregularities have been identified.

(a)

(b)

(c)

You are therefore directed to :

(1)

(2)

(3)

In view of the above, the goods mentioned above are hereby detained under Sub-section(6) of Section 45 of AP VAT Act, 2005 read with Rule 56 of AP VAT Rules 2005 and you are requested to reply to this notice arranging the discharge of tax and other amounts due under the provisions of the Act as stated above.

**OFFICER-IN-CHARGE
COMMERCIAL TAXES CHECKPOST**

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT**FORM VAT 615****DECLARATION FOR OBTAINING A TRANSIT PASS**

[See Rule 58 (1)]

To

Sri _____ S/o. _____
resident of _____ (full
address) hereby declare that I am the owner / driver / person-in-charge of
the goods vehicle bearing No : _____ belonging to
_____ (Name and full
address of the owner / transport agency).

- (2) I hereby declare that the consignments detailed in the Annexure being carried by the above vehicle are for delivery in other States. These goods will not be unloaded or delivered anywhere in the State of Andhra Pradesh.
- (3) I also declare that my vehicle will cross Andhra Pradesh border through the last check post at _____ on or before _____ (date) by _____ hours.
- (4) I further declare that the information furnished in this declaration including the Annexure is true and complete to the best of my knowledge and belief.

Place :

Signature

Date :

Status

ANNEXURE

Sl. No.	Particulars	
1	Description of goods	
2	Quantity	
3	Value	
4	Name and full address of the Consignor with TIN	
5	Name and full address of the consignee with TIN	
6	Sale Bill No. and Date	
7	Way Bill / Delivery note / Stock transfer Memo No.	
8	L.R. No. and Date	
9	Permanent address of the driver with driving licence No :	
10	Name and full address of the Head Office / Branch of the transport agency in Andhra Pradesh	
11	Name and full address of the Head Office of the transport agency in the States	

Signature
Status

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 616

TRANSIT PASS

[See Rule 58 (2)]

ORIGINAL/DUPLICATE/TRIPPLICATE

01 Tax Office Address:

Date Month Year

--	--	--

Serial Number :

--

	Particulars	
1	Time and Date	
2	Registration Number of the goods vehicle	
3	Destination (Place and State)	
4	Description of the goods	
5	Quantity	
6	Value	
7	L.R. No. and Date	
8	Name and address of the owner / transport agency	
9	Serial Number of the declaration in Form 615	
10	Name of the last check post in the State to be crossed by the vehicle with the time and date within which it should cross.	

**(Signature of the Officer-in-charge
Of the first check post)**

This is to certify that the above vehicle crossed this last check-post at _____ (hour) on _____

**(Signature of the Officer-in-charge
Of the last check post)**

¹DECLARATION FOR GOODS TRANSPORTED INTO THE STATE OF ANDHRA PRADESH

(Other than those covered under Form - 615 - Transit Pass)

[See Rule 55 (8)]

Name and Address of the Transporter
 Vehicle No.
 Name of the Entry Checkpost

Name and
 Address of Driver
 Driver Licence No.

Sl. No.	L.R. No. / Document No. and Date	Name and Full Address of Consigner with TIN / Registration No. under CST Act.	Name and Full Address of Consignee	TIN of Consignee	Invoice No. and Date	Description of goods	Quantity	Value

Date : _____

Signature of the person responsible

1. Ins. by G.O.Ms.No. 2201, Revenue (CT-II) Dept., dt. 29-12-2005.

**1DECLARATION FOR GOODS TRANSPORTED FROM THE STATE OF ANDHRA PRADESH
TO OTHER STATES**

[See Rule 55 (9)]

Name and Address of the Transporter
Transporter / Phone
Vehicle No.
Name of the Exit Checkpost

Name and the Address of Driver
Driver Licence No.

Sl. No.	L.R. No. / Document No. and Date	Name and Full Address of Consigner	TIN of Consigner	Name and Full Address of Con-signee with TIN (or) Registration No. under CST Act	Invoice No. and Date	Description of goods	Quantity	Value

Date : _____

Signature of the person responsible

1. Ins. by G.O.Ms.No. 2201, Revenue (CT-II) Dept., dt. 29-12-2005.

FORM CAT 001

INTIMATION BY CASUAL TRADER

[See Rule 23 (7) (a)]

01 Tax Office Address:

Date	Month	Year

I intend to conduct sale of goods as a casual trader as per the following details :

1. Name and Address
2. Venue where sale is proposed to be conducted.
3. Duration of Sale
4. Nature of Goods.
5. Sale value of goods brought for sale.
6. Estimated Sales Turnover.
7. Tax due on the estimated sale at prescribed rate.

I enclose herewith a payment of Rs. _____ (Rupees _____
_____) Vide _____
being the 50% of the estimated tax on the goods proposed to be sold.

<p>DECLARATION:</p> <p>I _____ S/o _____ state that the information furnished herein is true & correct to the best of my knowledge and belief. I further undertake to file a final declaration of my total sales and pay the due tax in full along with Form CAT 002.</p> <p style="text-align: right;">Signature.</p>
--

FORM CAT 002**FINAL RETURN BY CASUAL TRADER**

[See Rule 23 (7) (b)]

01 Tax Office Address:

02	Period	from		to	
----	--------	------	--	----	--

03. Name : _____ Address : _____ _____
--

04 Goods sold taxable at :

Sl. No	Rate of Tax	Turnover	Tax Due
(a)	1%		
(b)	4%		
(c)	Standard		
	Total :		

05 Tax paid along with Form CAT 001 Rs. _____

06 Balance. Rs. _____

07 Mode of payment

DECLARATION:

I _____ S/o _____
state that the information furnished herein is true and correct to the best of
my knowledge and belief.

Signature.