## THE KERALA VALUE ADDED TAX RULES, 2005

## FORM No. 7B

## **TRANSIT PASS UNDER SECTION 48**

[See Rule 68]

| HE    | ELP LINE contact persons/Ph. Nos.               | VAT OFFICE<br>ADDRESS       |         |
|-------|---|-----------------------------|---------|
| Sl. N | No  |                             |         |
| Issue | ed to Sriowner / drive                          | r / Person in charge of Veh | iicle / |
| Vess  | sel No Carrying goods in Vehic                  | ele / Vessel No             |         |
| 1.    | Name and full address of the owner of the       |                             |         |
|       | vehicle / vessel                                |                             |         |
| 2.    | Name and full address of the driver of the      |                             |         |
|       | vehicle / vessel                                |                             |         |
| 3.    | Name and full address of the person (if any) in |                             |         |
|       | charge of the vehicle / vessel                  |                             |         |
| 4.    | Name and full address with Registration         |                             |         |
|       | Certificate No. & TIN of the Consignor          |                             |         |
| 5.    | Name and full address with Registration         |                             |         |
|       | Certificate of the Consignee                    |                             |         |
| 6.    | Name and full address of the Importer and       |                             |         |
|       | details of goods imported.                      |                             |         |
| 7.    | The Airport/Seaport through which the good      | ods                         |         |
|       | imported.                                       |                             |         |
| 8.    | Name of the commercial Taxes check post         |                             |         |
|       | through which the goods will be transported     | ed                          |         |
|       | out of the state.                               |                             |         |
| 9.    | Details of Goods                                |                             |         |
|       | (a) Name of goods:                              |                             |         |

(b) Quantity

(c) Weight

- (d) Value
- (e) Invoice/Sale Bill No./Delivery Note No.
- (f) Destination

Certified that the above goods are transported through the Check post and has been assigned Serial No. in the Vehicle Check Register kept in this office.

Certified that the above goods have been declared at this office and the details have been entered in the register of Transit Pass as Sl. No......

Place: (Seal) Signature and Designation of the

Date: Officer in charge of the first Check

Time: Post of entry of goods/Officer issuing

**Transit Pass** 

The above particulars are true

Received 3 copies of the pass

Signature of the owner / driver / person in charge of the vehicle / vessel.

Certified that the above goods have passed through this Check Post and has been assigned Sl. No.....in the vehicle Checking Register kept in this office.

Place: (Seal) Signature and Designation of the

Date: Officer in charge of the last Check

Time: Post before Exit.

Received the copy of pass

Signature of the owner / driver / person in charge of the vehicle / vessel.

**Note:** This pass shall be accompanied by the declaration in Form No.15 and shall be issued in triplicate. The original and duplicate shall be surrendered to the last Check Post and triplicate to be retained by the owner / driver / person in charge of the vehicle / vessel.

(Strike out whichever is not applicable).