Refund Claimant's Profiles

| Refund Application No. | | | |
|--|------------------|-----|---------|
| Name of the Exempt Party/ Organization | | | |
| Name of Contracting Party(s)/Supplier(s) | Name of the Unit | TPN | CID No. |
| Individual(s) | | | |
| | | | |
| Refund Amount Claimed (Nu.) | | | |

Outstanding Tax /Non -Tax Clearance1

If there are any outstanding dues (Tax/Non-Tax) of the above stated units including the sister concern if any, indicate the outstanding details in the following format.

| 1.Sales Tax Section-(Point of Sale) | | | | | | |
|---|-------|-----------------------|------|---------|--|--|
| Name of the Unit/Party | TPN | Outstanding Amount | Year | Remarks | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Clearance Date: | Name: | Seal & Signature: | | | | |
| 2.Tax Administration Section | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| | | | | | | |
| Clearance Date: | Name: | Seal & Signature: | | | | |
| 3.Customs and Excise Section/Sales Tax at the POE | | | | | | |
| 1 Import India | | | | | | |
| 2 Third Country | | | | | | |
| | | | | | | |
| Clearance Date: | Name: | Seal & Signature: | | | | |
| 4. Revenue Accounts and Audit section | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| Clearance Date: | Name: | Seal & Signature: | | | | |