# Refund Claimant’s Profiles

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