

Department of Value Added Tax

Form DVAT 34

(See Rule 43 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Export Declaration

Book No. _____

Form Serial No. _____

COUNTER-FOIL

(To be retained by the consignor for record)

To be used by a dealer registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for consigning goods from Dadra & Nagar Haveli

(To be filled in by the consignor)

Particulars of Consignee

1. Full Name of Consignee <i>(For individuals, provide in order of first name, middle name, surname)</i>																			
2. Address of Consignee	Building Name/ Number																		
	Area/ Road																		
	City																		
	District																		
	State																		
	Pin Code																		
	Telephone Number																		
3. Registration No. of Consignee*																			

* CST Registration No.

Particulars of Goods

Sl.No.	Name of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Nature of transaction Tick one Sale Other (pls specify) _____

Cash Memo / Invoice / Deliver Note No.										
Date (dd/mm/yyyy)			/			/			2	0

Particulars of Consignor

1. Full Name of Consignor <i>(For individuals, provide in order of first name, middle name, surname)</i>																								
2. Address of Consignor	Building Name/ Number																							
	Area/ Road																							
	Locality/ Market																							
	Pin Code																							
3. Registration No. of Consignor																								

Date of declaration (dd/mm/yyyy)			/			/			2	0
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ORIGINAL

(To be submitted by the person carrying goods with the check post authorities at the time of Exit out of Dadra & Nagar Haveli)

To be used by a dealer registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for consigning goods from Dadra & Nagar Haveli

(To be filled in by the consignor)

Particulars of Consignee

1. Full Name of Consignee <i>(For individuals, provide in order of first name, middle name, surname)</i>																				
2. Address of Consignee	Building Name/ Number																			
	Area/ Road																			
	City																			
	District																			
	State																			
	Pin Code																			
	Telephone Number																			
3. Registration No. of Consignee*																				

* CST Registration No.

Particulars of Goods

Sl.No.	Name of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Nature of transaction Tick one Sale Other (pls specify) _____

Cash Memo / Invoice / Deliver Note No.																			
Date (dd/mm/yyyy)			/			/			2	0									

Particulars of Consignor

1. Full Name of Consignor <i>(For individuals, provide in order of first name, middle name, surname)</i>																			
2. Address of Consignor	Building Name/ Number																		
	Area/ Road																		
	Locality/ Market																		
	Pin Code																		
3. Registration No. of Consignor*																			

Consignor's Stamp

Date of declaration (dd/mm/yyyy)			/			/			2	0									
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To be filled in by the transporter

- Registration No. of Goods Carrier: _____
- Date and Time of dispatch: Date _____ Time _____
- Name of transporter: _____
- Address of transporter: _____
- Signature and Stamp of transporter: _____

Transporter's Stamp

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DUPLICATE

(To be subsequently submitted with the Value Added Tax authorities at the time of issuance of fresh forms along with the utilisation details of the forms got issued earlier)

To be used by a dealer registered under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005 for consigning goods from Dadra & Nagar Haveli

(To be filled in by the consignor)

Particulars of Consignee

1. Full Name of Consignee <i>(For individuals, provide in order of first name, middle name, surname)</i>																			
2. Address of Consignee	Building Name/ Number																		
	Area/ Road																		
	City																		
	District																		
	State																		
	Pin Code																		
	Telephone Number																		
3. Registration No. of Consignee*																			

* CST Registration No.

Particulars of Goods

Sl.No.	Name of Goods	Quantity (no. of packets)	Weight (in quintals)	Value (Rs.)

Nature of transaction Tick one Sale Other (pls specify) _____

Cash Memo / Invoice / Deliver Note No.																				
Date (dd/mm/yyyy)			/			/	2	0												

Particulars of Consignor

1. Full Name of Consignor <i>(For individuals, provide in order of first name, middle name, surname)</i>																				
2. Address of Consignor	Building Name/ Number																			
	Area/ Road																			
	Locality/ Market																			
	Pin Code																			
3. Registration No. of Consignor																				

Date of declaration (dd/mm/yyyy)			/			/	2	0												
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Consignor's
Stamp

To be filled in by the transporter

1. Registration No. of Goods Carrier: _____

2. Date and Time of dispatch: Date _____ Time _____

3. Name of transporter: _____

4. Address of transporter: _____

5. Signature and Stamp of transporter: _____

Transporter's
Stamp