

6. Details of Bank Account in which refund should be remitted	Account Number	1	2	3	4	5	6	7	8	9										
	MICR Number																			
	Name of Bank	S	B	I																
	Address of Bank	S	I	L	V	A	S	S	A											

7. Verification

I/We ____ABC LTD_____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory _____

RAM RATAN JHA

Full Name (*first name, middle, surname*) _____

MANAGER

Designation _____

Place	S	I	L	V	A	S	S	A												
-------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Date	0	1	0	1	2	0	1	1
	Day		Month		Year			

Day	Month	Year
-----	-------	------

Instructions for filling Return Form (Embassy and Staff) (Please refer to Section 41, Sixth Schedule and Rule 35)

1. Please do fill all the applicable fields in the form
2. Please maintain a minimum period of 3 months between successive filing of refund claims
3. Please attach a copy of the letter of authorization in case the form is not signed by the Chief of the Organization.
4. Please refer to Sixth Schedule for ascertaining the following:
 - Qualified persons eligible to claim refund; and
 - Eligibility of items/transactions eligible for refund